Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **June 1-15**, **2007.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

| Application for F | ederal Assis | tance SF-424 | | | Version 02 | |
|----------------------------|---------------------|--|---|--|------------|--|
| * 1. Type of Submission | on: | * 2. Type of Application: | * If Revision, select appropriate letter(| s): | | |
| Preapplication | | ✓ New | | | | |
| Application | | Continuation | * Other (Specify) | | | |
| Changed/Corrected | Application | Revision | | AND STATE OF THE PROPERTY OF T | | |
| * 3. Date Received: | | 4. Applicant Identifier: | | RECEIVED | | |
| Completed by Grants.gov up | pon submission. | | | JUN 1 2007 | | |
| 5a. Federal Entity Iden | tifier: | | * 5b. Federal Award Identifier: | 0011 | | |
| | | | | STATE CLEARING HOUSE | | |
| State Use Only: | | | | THE ART OF THE | | |
| 6. Date Received by S | tate: | 7. State Application | Identifier: | | | |
| 8. APPLICANT INFOR | RMATION: | | | | | |
| * a. Legal Name: Rea | ach Out West En | nd | | | | |
| * b. Employer/Taxpayer | r Identification Νι | umber (EIN/TIN): | * c. Organizational DUNS: | | | |
| 95-2642747 | | | 793875105 | | | |
| d. Address: | | | | | | |
| * Street1: | 1126 W. Foothill | Blvd., Suite 185 | | | | |
| Street2: | | | | | | |
| * City: | Jpland | (| | | | |
| County: | San Bernardino | | | | | |
| * State: | | | CA: California | | | |
| Province: | | | | | | |
| * Country: | | U | JSA: UNITED STATES | * | | |
| * Zip / Postal Code: | 91786 | | | | | |
| e. Organizational Un | it: | | | | | |
| Department Name: | | | Division Name: | | | |
| | | | | | | |
| f. Name and contact | information of p | person to be contacted on n | natters involving this application | : | | |
| Prefix: | | * First Name | e: Diana | | | |
| Middle Name: | | | | | | |
| * Last Name: Fox | | b. | | | | |
| Suffix: | | | | | | |
| Title: Executive Direct | etor | | | | | |
| Organizational Affiliatio | on: | | | | - | |
| Reach Out West End | | | | | | |
| * Telephone Number: | 909.982.8641 | , but a second of the second o | Fax Number: 909.9 | 82.8642 | | |
| * Email: dianafox@r | eachout-westend | d.org | | | | |

| Application for Federal Assistance SF-424 | Version 02 |
|---|------------|
| 9. Type of Applicant 1: Select Applicant Type: | |
| M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) | |
| Type of Applicant 2: Select Applicant Type: | _ |
| | |
| Type of Applicant 3: Select Applicant Type: | ٦ |
| | |
| * Other (specify): | |
| * 10. Name of Federal Agency: | |
| U.S. Department of Education | |
| 11. Catalog of Federal Domestic Assistance Number: | |
| 84.184 | |
| CFDA Title: | |
| Safe and Drug-Free Schools and Communities_National Programs | |
| | |
| * 12. Funding Opportunity Number: | |
| ED-GRANTS-041107-001 | |
| * Title: | |
| Mentoring Programs CFDA 84.184B | |
| | |
| | |
| 13. Competition Identification Number: | |
| 84-184B2007-1 | |
| Title: | |
| | |
| | |
| | |
| | ···· |
| 14. Areas Affected by Project (Cities, Counties, States, etc.): | |
| Cities of Ontario and Montclair in the County of San Bernardino, CA | |
| | |
| | |
| * 15. Descriptive Title of Applicant's Project: | |
| Student Assistance Mentoring Program | |
| | |
| | |
| Attach supporting documents as specified in agency instructions. | |
| Add Attachments Delete Attachments View Attachments | |

| Application fo | For Federal Assistance SF-424 Version | n 02 |
|---|--|------|
| 16. Congressiona | al Districts Of: | |
| * a. Applicant [| CA-026 * b. Program/Project CA-026 | |
| Attach an addition | nal list of Program/Project Congressional Districts if needed. | |
| Congressional Dis | istricts for the Project.doc Add Attachment Delete Attachment View Attachment . | |
| 17. Proposed Pr | roject: | |
| * a. Start Date: | 10/01/2007 * b. End Date: 09/30/2010 | |
| 18. Estimated Fu | unding (\$): | |
| * a. Federal | 600,000.00 | |
| * b. Applicant | 0.00 | |
| * c. State | 0.00 | |
| * d. Local | 0.00 | |
| * e. Other | 0.00 | |
| * f. Program Inco | ome 0.00 | |
| * g. TOTAL | 600,000.00 | |
| * 19. Is Applicati | ion Subject to Review By State Under Executive Order 12372 Process? | |
| 🗸 a. This applica | ation was made available to the State under the Executive Order 12372 Process for review on 05/23/2007 . | |
| b. Program is | subject to E.O. 12372 but has not been selected by the State for review. | |
| c. Program is r | not covered by E.O. 12372. | |
| * 20. Is the Appli | licant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) | |
| Yes | ✓ No Explanation | |
| herein are true, comply with any | this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to y resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) | |
| ** The list of certification specific instruction | ifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency ons. | |
| Authorized Repr | resentative: | |
| Prefix: | * First Name: Diana | |
| Middle Name: | | |
| * Last Name: | Fox | |
| Suffix: | | |
| * Title: Executiv | ve Director | |
| * Telephone Numb | ber: 909.982.8641 Fax Number: 909.982.8642 | |
| * Email: dianaf | fox@reachout-westend.org | |
| * Signature of Aut | thorized Representative: Completed by Grants gov upon submission. * Date Signed: Completed by Grants gov upon submission. | |

APPLICATION FOR OMB Approval No. 0348-0043 2. DATE SUBMITTED FEDERAL ASSISTANCE Applicant Identifier May 22, 2007 1. TYPE OF SUBMISSION: 3. DATE RECEIVED BY STATE State Application Identifier <u>Application</u> Preapplication Construction Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier Non-Construction Non-Construction 5. APPLICANT INFORMATION Legal Name: Organizational Unit: **Redwood Community Action Agency Housing Division** Address (give city, county, State, and zip code): Name and telephone number of person to be contacted on matters involving this application (give area code) 904 G Street. RECEIVED Ken Terrill 77-269-2027 Eureka, CA 95501 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7. TYPE OF APPLICANT: (enter appropriate letter in box) 1 2007 9 4 - 2 6 4 6 3 7 0 JUN N A. State H. Independent School Dist. 8. TYPE OF APPLICATION: ContinuaTATE CLEARING HOUSE B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University ✓ New D. Township K. Indian Tribe If Revision, enter appropriate letter(s) in box(es) E. Interstate L. Individual F. Intermunicipal M. Profit Organization A. Increase Award B. Decrease Award C. Increase Duration N. Other (Specify) Non-profit CAA G. Special District D. Decrease Duration Other(specify): 9. NAME OF FEDERAL AGENCY: **USDA Rural Housing Service** 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 4 3 3 0 Humboldt Housing Preservation Program - To conduct housing repair for owner-occupied, very low income TITLE: Housing Preservation Grant Program households within the rural areas of Humboldt County. 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): County of Humboldt 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: **Ending Date** Start Date a. Applicant b. Project 8/31/08 First District 9/1/07 First District 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE **ORDER 12372 PROCESS?** a. Federal \$ 100,000 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE b. Applicant \$ AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 6,000 PROCESS FOR REVIEW ON: c. State \$ 05/24/07 0 DATE d. Local \$ 363,700 b. No. PROGRAM IS NOT COVERED BY E. O. 12372 e. Other \$ OR PROGRAM HAS NOT BEEN SELECTED BY STATE 0 FOR REVIEW f. Program Income 00 \$ 0 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL \$ Yes If "Yes," attach an explanation. 469,700 **V** No 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE

Interim Executive Director

Kermit Thobaben

a. Type Name of Authorized Representative

d. Signature of Authorized Representative

ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

15/00

c. Telephone Number

(707) 269-2021 e. Date Signed

| APPLICATION FOR | - | CA hard dupleter | | (1 V 1 lu | Version 7/ | |
|--|--|--|------------------------------------|-------------------------------------|--|--|
| FEDERAL ASSISTANCI | | 2. DATE SUBMITTED 6/01/07 | | Applicant Identifier | | |
| 1. TYPE OF SUBMISSION: Application | Pre-application | 3. DATE RECEIVED | | | ation Identifier | |
| ☑ Construction | Construction | 4. DATE RECEIVED | BY FEDERAL AGE | NCY Federal Iden | tifier | |
| Non-Construction | Non-Construction | <u> </u> | | | | |
| 5. APPLICANT INFORMATION Legal Name: | N . | | Organizationa | I Unit: | | |
| COUNTY OF SAN DIEGO | | • | Department: | PUBLIC WOR | ve | |
| Organizational DUNS: | ************************************** | The second of th | Division: | | ING. | |
| 00-95816 Address; | BEC | EIV/EIN | | PORTS | erson to be contacted on matters | |
| Street: | | | Involving this | application (give at | | |
| 1960 JOE CROSSON DR. | JUN | 0 4 2007 | Prefix: | First Name: | PETER | |
| City: EL CAJON | | V 2 1001 | Middle Name | | | |
| County: SAN DIEGO | STATE CLE | ARING HOUSE | Last Name | NKWATER | , | |
| State: CA | Zip Code | | Suffix: | | | |
| Country: | 92020 | | Email: | 1 | | |
| 6. EMPLOYER IDENTIFICATION | N NUMBER ZEIAN. | | Pete | er, Drinkwater@sdcot | | |
| : | | | Phone Number | | Fax Number (give area code) | |
| 95-6000934 8. TYPE OF APPLICATION: | · | | (619) 956 | | (619) 956-4801 | |
| © Ne | w 🔲 Continuation | on V /Revision | | PLICANI: (See Da | ck of form for Application Types) | |
| If Revision, enter appropriate let (See back of form for description | ter(s) in box(es) | | 自 Other (specify) | | | |
| Other (specify) | | | 9. NAME OF FI | EDERAL AGENCY: ATION ADMINISTRA | TION | |
| 10. CATALOG OF FEDERAL | DOMESTIC ASSISTANC | CE NUMBER: | | | CANTS PROJECT: | |
| | | 20-106 | McCLELLAN-P | ALOMAR AIRPORT | - PALOMAR AIRPORT | |
| TITLE (Name of Program): | PORT IMPROVEMENT P | | TERMINAL RE | DEVELOPMENT PR | ROJECTS | |
| 12. AREAS AFFECTED BY PR | | | | | | |
| CARLSBAD, CA | | 4 | | | · | |
| 13. PROPOSED PROJECT | | · · · · · · · · · · · · · · · · · · · | 14, CONGRES | SIONAL DISTRICTS | OF: | |
| Start Date: | Ending Date: | | a. Applicant 52 | | b. Project | |
| 15. ESTIMATED FUNDING: | | | | TION SUBJECT TO | 51 REVIEW BY STATE EXECUTIVE | |
| a. Federal \$ | (Less \$500K FY2006 | ud | ORDER 12372 I | PROCESS? | | |
| | ntitlement.) | 15,403,065 | a. ' a. ita AV/ | AILABLE TO THE ST | N/APPLICATION WAS MADE TATE EXECUTIVE ORDER 12372 | |
| b. Applicant \$ | | 658,748 · · · · · · · · · · · · · · · · · · · | PRO | DCESS FOR REVIE | WON | |
| c. State 5 | | . 141 | DA | TE: 0 2/28/07 Fax (91 | 16) 323-3018 Sheila Brown | |
| d. Local \$ | | vo | b. No. III PRO | OGRAM IS NOT CO | ÆRED BY E. O. 12372 | |
| c. Other \$ | | 6,034,550 · | □ OR FOR | PROGRAM HAS NO | OT BEEN SELECTED BY STATE | |
| f. Program Income \$ | | 0 ' | 17. IS THE APP | LICANT DELINQUE | NT ON ANY FEDERAL DEBT? | |
| g. TOTAL | | 22,096,362 | Yes If "Yes" | attach an explanation | n. KZI No | |
| 18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY, ATTACHED ASSURANCES IF T | AUINUNIZED DI IMEI | コロヘト・スレンド ちょうしん しょ | PPLICATION/PREA F THE APPLICANT | PPLICATION ARE 1 AND THE APPLICA | TRUE AND CORRECT, THE NT WILL COMPLY WITH THE | |
| Authorized Representative | | | | | | |
| | First Name PETER | | N | liddle Name L. | | |
| Last Name DRINKWATER | | | s | uffix | • , | |
| b. Title DIRECTOR OF COUNTY AIRP d. Signature or withorized Regires | ORTS | | c. | Telephone Number 619) 956-4839 | (give area code) | |
| V-ever (1)60 | antative of | | | Date Signed 06/01/07 | | |
| Previous Edition Usable Authorized for Local Reproduction | | | | , | Standard Form 424 (Rev.9-2003 | |

919094832048

| APPLICATION FOR FEDE | RAL ASSISTANCE 8F-424 · MAN | IDATORY | Version 01.1 |
|--|--|--|---|
| * 1.s. Type of Submission: | * 1.b. Frequency: | * 1.d. Version: | |
| ♂ Application | Anraual | ☑ Initial ☐ Resubmission ☐ | Revision Update |
| Plan | [Quarterly | * 2. Date Received: | STATE USE ONLY: |
| Funding Request | Other | Completed by Grants.gov upon submission. | |
| Other | | 3. Applicant identifier: | 6. Date Received by State: |
| * Other (specify) | * Other (specify) | | |
| : | | 4s. Federal Entity Identifier: | 4. State Application identifier: |
| • | | 14. Federal Entry Identifier. | |
| , | | | |
| 1.c. Consolidated Application/F | Pian/Funding Repuest? | 4b. Federal Award Identifier: | |
| Yes No 🗸 | | | |
| 7. APPLICANT INFORMATION: | | | |
| | | | · · · · · · · · · · · · · · · · · · · |
| * a. Legal Name: Loretta's Guest Home, Inc. | | and the same of th | - BANKER SAN LINE BANKE OF F BANK BANKER |
| | | | 10/A· Apl |
| * b. Employer/Taxpayer Identification 680842827 | Cation Number (EIM/TIN): | * c. Organizational DUNS: | |
| | | 741300724 | |
| d. Address: | | | |
| * Street1: | | Street2; | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - |
| 18590 Una Street | | | |
| · City: | | County; | |
| Perris | | | |
| * State: | | Province: | |
| CA: C | California | | |
| * Country: | | * Zip / Postal Code: | |
| USA: UNI | TED STATES | 92570-9207 | |
| e. Organizational Unit: | | | |
| Department Name: | | Division Name: | |
| Grant Funding | 1,1100 | | |
| f. Name and contact information | of person to be contacted on matters in | volving this submission: | |
| Ртебх: | First Name: | Middle Name: | |
| Mrs. | coretta | | |
| : | | | |
| * Last Name: | | Suffix: | |
| Jorge | | | |
| The Consider | | | |
| Title: President | The state of the s | AND | |
| Organizational Affiliation: | | | |
| | VI V | | 100 A 2 A 100 A |
| * Telephone Number: 951-231-42 | 36 | Fax Number: 909-483-2048 | No. |
| * Email: jnansy123@sol.com | | оминическия межения (А. 18. меж. 14.). Тота на шене стоя было «Аббанения из наполеффекту» ублическую до 18. м | |

| APPLICATION FOR FEDERAL ASSISTANCE SF-42 | 4 - MANDATORY | Version 01,1 |
|---|---|--|
| * SAL TYPE OF APPLICANT: | | |
| N: Nonprofit without 501C3 IRS Status (C | Other than Institution of Higher Education) | |
| * Other (specify): | | 14-y and 14-y |
| | | |
| b. Additional Description; | | |
| * 9. Name of Federal Agency: | | |
| Housing and Community Facilities Programs | ************************************** | |
| 10. Catalog of Federal Domestic Assistance Number: | | |
| 10.433 | | |
| CFDA Tide: | | |
| Rural Housing Preservation Grants | | |
| 11. Arees Affected by Funding: | | |
| Los Angeles County | W | |
| Riverside County | | |
| A A A MANAGEMENT AND A | | WAA. |
| 12. CONGRESSIONAL DISTRICTS OF: | | |
| a. Applicant: | b. Program/Project: | |
| H | CA-044 | |
| Attach an additional list of Program/Project Congressional Districts if | needed. | |
| Add Atlactment | | |
| 3. FUNDING PERIOD: | | |
| n. Start Data: | b. End Date: | |
| 9/01/2007 | 09/01/2008 | |
| 4. ESTIMATED FUNDING: | | |
| a. Federal (\$): | b. Match (\$): | |
| 100,000.00 | | |
| 16. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER E | XECUTIVE ORDER 12372 PROCESS? | |
| a. This submission was made available to the State under the Exe | ocutive Order 12372 Process for review on: 06/05/2007 | |
| 6. Program is subject to E.O. 12372 but has not been selected by | State for review | |

| APPLICATION FOR FEDE | RAL ASSISTANCE SF-424 - MANDATORY | Varsion 01.1 |
|---|---|-------------------------------------|
| * 16. Is The Applicant Delinque | nt On Any Federal Debt? | |
| Yes No 🗸 | | |
| resulting terms if I accept an accriminal, civil, or administrative | I certify (1) to the statements contained in the list of certifications** and (2) that the set of my knowledge. I also provide the required assurances** and agree tward. I am aware that any false, fictificus, or fraudulent statements or claims may a penalties. (U.S. Code, Title 218, Section 1001) | to comply with any subject me to |
| Authorized Representative: | | |
| Prefix: | * First Name: | |
| Mrs. | Loretta | |
| Middle Name: | | |
| | | |
| * Laat Name: | | |
| Jone | | |
| Suffix: | * Title: | |
| 427 | President | |
| Organizational Affiliation: | | |
| | | |
| * Telephone Number: 951-231-4235 | | |
| <u> </u> | | |
| * Fax Number: .909-483-2048 | | |
| • Email: | | |
| jnenay123@eol.com | | |
| * Signature of Authorized Represent | ative; | |
| Completed by Grants gov upon sub | mission. | |
| * Date Signed: | | |
| Completed by Grants.gov upon sub | nission. | |
| Attach supporting documents as ap | | |
| Add Attachments: Delete Attachme | anta View Attachments | |

| APPLICATION FOR FEDERA | AL ASSISTANCE SF-424 - MAND | ATORY | | | Version 01.1 | |
|---------------------------------------|--|---|--|---|---|--|
| * 1.a. Type of Submission: | * 1.b. Frequency: | * 1.d. Versio | <u></u> | | | |
| √ Application | ✓ Armuel | 2 Initial | Resubmission | Revision [|] Update | |
| Plan | Quarterly | * 2. Date Received: STATE USE ONLY: | | | ONLY: | |
| Funding Request | Other | Completed by G | rants.gov upon submission. | | | |
| Other | | 3. Applicant | Identifier: | 5. Data Rec | elved by State: | |
| * Other (specify) | * Other (specify) | | | | | |
| , | | As Federal (| Entity identifier: | 6. State Apr | pfication identifier: | |
| : | | THE CHANGE OF THE CONTRACT OF | Endly Identifier | | | |
| | | | | | | |
| 1.c. Consolidated Application/Plan | /Funding Request? | 4b. Federal | Award Identifier: | | | |
| Yes No Z | | | | | | |
| 7. APPLICANT INFORMATION: | | 11 | | I | | |
| *a. Legal Name: | | | | | | |
| Blue ice Group Home, inc. | | | and control with a second section of the control with the | | | |
| * b. Employen/Texpeyer identification | on Number (EIN/TIN): | - c. Organizi | ational DUNS: | A.P | | |
| 205098990 | | 796619089 | | | | |
| d. Address: | | printer of the same of the face? | | | | |
| * Street1; | | Street2: | | | | |
| 10310 S St Andrews Place | The street of th | | Same Same And Same II | N Bernara Bossel |] | |
| <u> </u> | | | RECEIV | | | |
| * City: | | County: | l | <u>mn7L</u> | | |
| Los Angeles | | | JOIN 0 L | | | |
| * State; | , a pyramino manana a | Province: | STATE CLEARING | HOUSE | · · · · · · · · · · · · · · · · · · · | |
| CA; Celifo | mia | | | | | |
| Country: | AT A TOO | * Zip / Postal (90047-4167 | Code: |) | *************************************** | |
| USA: UNITED | SIATES | 90047-4107 | The Control of the Co | | | |
| e. Organizational Unit: | | 1 | | | | |
| Department Name: | assished to the second | Division Name: | | | | |
| Grant Funding | / | <u> </u> | | | | |
| | person to be contacted on matters invol | T | | | | |
| | k Name: | Middle Name: | | | | |
| Mr. Frank | | | | - Pyr 5 % (3) | | |
| * Lest Name: | 40, | Suffix: | | | | |
| McCullah | | Jr. | | | | |
| | | | | | | |
| Title: President | | TO W. C. W. | | | | |
| Organizational Affiliation: | | | | | | |
| | ** 1 | | en hand a manuscription and first manuscription and high fielded make of comment | N • * ou / ou | | |
| * Telephone Number: 323-203-7333 | | Fax Number: | 909-483-2048 | | | |
| * Email: orbell1965@abcglobal.net | | | | | - American | |

| APPLICATION FOR FEDERAL A | SSISTANCE SF4 | 424 - M | ANDATORY | 1 | | Version (| 21.1 |
|--|--|-----------------------|--|--|--|--|--------|
| * 84. TYPE OF APPLICANT: | | | - | | | <u> </u> | |
| N; Nonprofit wi | ithout 501C3 IRS Status | s (Other ti | han institution c | # Higher Education |) | h /** | |
| * Other (specify): | | | . 14 | . 21004 102 102 102 104 104 204 | ** A Control of the second | | |
| | | | , , | 414 AMARA (1944 1944 |] | | |
| b. Additional Description: | AP 1 10 0 1 10 0 0 0 0 0 0 0 0 0 0 0 0 0 | | * New York Street, of Adv. of the species are now assumed to see a s | | | | |
| 1100 mm a 110 mm mmm = = = = = = = = = = = = = = = = | | | | and the second s | | | |
| A B Manua of Bada at Annual | | V47.44A | Manual Market | | | | |
| * 8. Neme of Federal Agency: | | | | enterm man and a singly broadle and a second and | | * ' · · · · · · · · · · · · · · · · · · | |
| Housing and Community Facilities Program | Me | | | | | | |
| 10. Catalog of Federal Domestic Assist | ance Number: | | | | | | |
| 10,433 | | | | | | | |
| CFDA Titte: | | | | | | | |
| Rural Housing Preservation Grants | and the second section of the second section is a second section of the second section is a second s | ********************* | | | A C A Conference parameters with the contract of the contract | | |
| 11. Areas Affected by Funding: | | | | And the second s | | | |
| Los Angeles County | | | | | The state of the s | Toping and adjustment of the state of the st | |
| | | | | | | | |
| | Seat | | aria salah sa =1, salah lahan waka asah a salah salah s | | | and the same of th | |
| 12. CONGRESSIONAL DISTRICTS OF: | | | | | | - | |
| * a. Applicant: | | | b. Program/P | roject: | | | |
| 05 | | | CA-005 | | | | |
| Attach an additional list of Program/Project | + Congressional District | te if neach | art . | | | | \neg |
| | Add Attachment | | | | | |] |
| | Man Manual Control | | | | | | |
| 13. FUNDING PERIOD: | | | | | · · · · · · · · · · · · · · · · · · · | | |
| a. Start Date: | | | b. End Date: | | | | _ |
| 09/01/2007 | | | 09/01/2008 | | | | |
| 14. ESTIMATED FUNDING: | | | | | | | |
| * a. Federal (S): | | | b, Match (\$): | | | | |
| 100,000.00 | | | | ************************************** | | | |
| * 16. 18 SUBMISSION SUBJECT TO REV | NEW BY STATE UNDE | R EXECL | JTIVE ORDER | 12372 PROCESS? | | | |
| | to the State under the | Executive | o Order 12372 F | Process for review (| on: 06/05/2007 | | |
| b. Program is subject to E.O. 12372 but | t has not been selected | t by State | for review. | | WHI WILLIAM | | |
| c. Program is not covered by E.O. 1237 | 72, | | | | | | |

OMB Number: 4040-0002

| APPLICATION FOR FEDE | RAL ASSISTANCE SF-424 - MANDATORY | Version 01.1 |
|--|--|--|
| " 16. Is The Applicant Delinque | | Vendicificiti |
| Yes No 🗸 | —————————————————————————————————————— | |
| resulting terms if I accept an averaminal, civil, or administrative | I certify (1) to the statements contained in the list of certifications** and (2) that the a to the best of my knowledge. I also provide the required assurances** and agree to rard. I am aware that any false, fictitious, or fraudulent statements or claims may as a penalties. (U.S. Code, Title 218, Section 1001) | o comply with any ubject me to |
| Authorized Representative: | | |
| Prefix: | * First Name: | |
| Mr. | Frank | |
| Middle Name: | | |
| | | |
| " Last Name; | | |
| McCullah | | ······································ |
| Suffix: | * Title: | |
| Jr. | President | |
| Organizational Affiliation: | | |
| Mart p. C. Johan Laurense and Control of the Contro | - Control of the Cont | The state of the s |
| * Telephone Number: 323-203-7333 | | |
| * Fax Number: 909-482-2048 | | |
| * Email: | | |
| groell1955@sbcglobal.net | | |
| * Signature of Authorized Represent | gitive: | |
| Completed by Grants.gov upon sub | mission, | |
| * Date Signed: | | |
| Completed by Grants.gov upon sub | vission. | |
| Attach supporting documents as sp | ecified in agency instructions. | |
| Add Attachments Delete Attachme | | |

| APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY Version 01.1 | | | | | | |
|--|--|--|--|--|--|--|
| * 1.a. Type of Submission: | * 1.b. Frequency: | * 1.d. Verpion: | | | | |
| ✓ Application | [7] Annual | 7 Initial Resubmission | Revision Update | | | |
| ? Plan | C Quarterly | * 2. Data Received: | STATE USE ONLY: | | | |
| Funding Request | Other | Completed by Grants.gov upon automission. | | | | |
| Other | | 3. Applicant identifier: | 6. Date Received by State: | | | |
| · | • Other (0000)6/) | TANK TANK TANK TANK TANK TANK TANK TANK | | | | |
| * Other (apecify) | Other (specify) | | 6. State Application Identifier: | | | |
| | | 4a. Federal Entity Identifier: | a. Care Approach Residing. | | | |
| | | | | | | |
| | | 4b, Federal Award Identifier: | ************************************** | | | |
| 1.c. Consolidated Application/Plan | /Funding Request? /***** | A STATE OF THE PARTY OF THE PAR | | | | |
| Yes No 7 | Yes No V. | | | | | |
| 7, APPLICANT INFORMATION: | | | | | | |
| ' a. Legal Name: | | | no ⁴ 0 / n o company and house the n seed position of the | | | |
| Redeemed-A Fresh Start | | | | | | |
| * b. Employer/Taxpayer identificati | on Number (EIN/TIN): | ' c. Organizational DUNS: | | | | |
| 208219490 | , | 790619097 | | | | |
| d. Address: | | 20 - 42 - 4 | JUNEAU TON THE PROPERTY AND ASSESSED TO THE PROPERTY ASSESSED. | | | |
| * Street1: | | Street2: | VED | | | |
| 5898 Milana Drive | | | 2007 | | | |
| • City: | | Course | | | | |
| Corona | | DE DESMINA | HOUSE BING HOUSE | | | |
| * State: | | Province: STATE GE | CONTRACTOR OF THE CONTRACTOR OF THE STATE OF | | | |
| CA: Calife | BÁTTIC | | 0 M 1 g M 1 g L , 1 again an ann ann ann an ann ann ann ann an | | | |
| * Country: | | * Zip / Postal Code: | | | | |
| USA: UNITED | STATES | 92880-8624 | | | | |
| e. Organizational Unit: | | | | | | |
| Department Name: | | Division Name: | | | | |
| Grant Funding | AA/A | control of the contro | | | | |
| f. Name and contact information of | person to be contacted on matters invo | itying this submission: | | | | |
| Prefix: * Fire | st Name: | Middle Name: | | | | |
| Mr. Care | y | And the last of th | | | | |
| | | | | | | |
| * Last Name: | | Suffix: | | | | |
| Drisdom | | | | | | |
| Title: President | | | | | | |
| Organizational Affiliation: | | | | | | |
| | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | |
| * Telephone Number: 310-904-4570 | | Fax Number: 909-483-2048 | | | | |
| * Email: redeam6@charter.net | | | | | | |

OMB Number: 4040-0002

| APPLICATION FOR FEDERAL A | SSISTANCE SF-4 | 24 - MANG | ATOR | RY | | | Version 01.1 |
|--|--|--|-----------------------|--|--|-----------------------------------|--------------|
| * 8a. TYPE OF APPLICANT: | | | | | | | |
| N: Nonprofit wi | thout 501C3 IRS Status | (Other than Ir | atitution | n of Higher Education) |) | | |
| * Other (specify): | | | | | | -r-vJ | |
| | | | and the second second | Market to December on the last manufacture on T., Ty Westerness on the | | | |
| b. Additional Description: | | | | | | | |
| | and the state of t | | | | | | |
| * S. Name of Federal Agency: | | | | | | | |
| Housing and Community Facilities Program | ma | V-AW | | and the state of a majority of the state of | THE COURSE AND REPORTED THE REAL PROPERTY OF THE PROPERTY OF T | | |
| 10. Cutziog of Federal Domestic Assist | ance Number: | | | | and the first first from the same of the s | | |
| 10.433 | | | | | | | |
| CFDA Title: | | | | | | | |
| Rural Housing Preservation Grants | | | | 10 11 11 11 11 11 11 11 11 11 11 11 11 1 | ans wraterouseness and to be well of the secretary as the secretary | | |
| | | | يو بردندي | | 101 th 310 | | |
| 11. Areas Affected by Funding; | | | | YAMMARIAN - CONTINUE OF THE CO | */; | | |
| Riverside County Los Angeles County | | | | | | | |
| | | | | | | | |
| 12. CONGRESSIONAL DISTRICTS OF: | | | | | N / samuelem contra es | Andrews of Manager 1997 Francisco | <u> </u> |
| a. Applicant: | | b. P | ogram/ | /Project: | | | |
| 348 | | CA- | 348 | | | | |
| Attach an additional list of Program/Project | Congressional Districts | if needed. | | | | | |
| | Add Attachment | ************************************** | | | | | |
| 13, FUNDING PERIOD: | | | | | V 5 % | | |
| a. Start Date: | | b. E | nd Date | 2 | | | |
| 09/01/2007 | | 09/0 | 1/2008 |] | | | |
| 14. ESTIMATED FUNDING: | | | | | | | |
| * a, Federal (\$): | | b. N | atch (\$) |): | | | |
| 100,000.00 | | E APPLICATION OF THE | | | | | |
| * 16. IS SUBMISSION SUBJECT TO REVI | EW BY STATE UNDER | EXECUTIVE | ORDER | R 12372 PROCESS7 | | | |
| a. This submission was made available | to the State under the E | Doecutive Orde | r 12372 | Process for review or | n: 06/05/2007 | | |
| b. Program is subject to E.O. 12372 but | has not been selected t | by State for re | riew. | | | | |
| G. Program is not covered by F.O. 1237 | 2 | | | | | | |

BELL STAFFING SERVIC

| APPLICATION FOR FEDE | RAL ASSISTANCE SF-424 - MANDATORY | EXPIRATION DELLE; 00/31/200 |
|--|--|--|
| | | Version 01.1 |
| * 15. Is The Applicant Delinque | rt On Any Federal Debt? | |
| Yes No 🛂 | | |
| resulting terms if I accept an excriminal, civil, or administrative | certify (1) to the statements contained in the list of certifications" and (2) that (2) to the best of my knowledge. I also provide the required assurances" and agreerd. I am aware that any false, fictitious, or fraudulant statements or claims me penalties. (U.S. Code, Title 218, Section 1001) | ee to comply with any By subject me to |
| instructions. | urances, or an internet site where you may obtain this list, is contained in the announce | ment or agency specific |
| Authorized Representative: | | |
| Prefix: | * First Name: | |
| Mr. | Carey | |
| Middle Name: | | |
| | | |
| * Løst Name; | | |
| Driedom | | A Section of the Sect |
| Suffix; | *Title: | A The Control of the |
| | President | And the last last last last last last last last |
| Organizational Affiliation: | | |
| to a second seco | | 1111 |
| * Telephone Number: | | |
| 310-904-4570 | | |
| * Fax Number: | | |
| 909-483-2048 | | |
| * Email: | | |
| redeem6@charter.net | | |
| * Signature of Authorized Represent | rtive: | |
| Completed by Grants.gov upon sub | nission. | |
| * Date Signed: | | |
| Completed by Grants.gov upon subi | ntssion. | _ |
| Attach supporting documents as sp | edified in agency instructions. | |
| Add Attachments Delete Attachme | ाक्ष View Attachments | |

| APPLICATION FOR FEDERAL ASSISTANCE SF-4 | 324 - MANDATORY | Version 01.1 |
|---|--|--|
| * 8a. TYPE OF APPLICANT: | | |
| N: Nonprofit without 501C3 IRS Status | s (Other than Institution of Higher Education) | |
| * Other (specify): | | |
| | | |
| b. Additional Description: | | |
| AAA44 | | |
| * 9. Name of Federal Agency: | | |
| Housing and Community Facilities Programs | FEGENED | A CAMPA (MINING THE AMERICAN TH |
| 10. Cetalog of Federal Domestic Assistance Number: | 2007 | |
| 10.433 | JUN 5 2007 | |
| CFDA Title: | · · · · · · · · · · · · · · · · · · · | |
| Rural Housing Preservation Grants | STATE CLEARING HOUSE | |
| 11. Areas Affected by Funding: | | |
| Los Angeles County | | |
| Riverside County | | |
| | | |
| 12. CONGRESSIONAL DISTRICTS OF: | | |
| a. Applicant: | b. Program/Project: | |
| 348 | CA-348 | _ |
| Attach an additional list of Program/Project Congressional District | as if needed. | |
| Add Attachment | | |
| 13. FUNDING PERIOD: | Secretary to the second secretary by the second sec | |
| a. Start Date: | b. End Date: | |
| 09/01/2007 | 09/01/2008 | |
| 14. ESTIMATED FUNDING: | · g property and a second | |
| * a, Federal (\$): | b, Match (\$): | |
| 100,000.00 | (maker or my market mar | |
| 16. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDE | R EXECUTIVE ORDER 12372 PROCESS? | |
| a. This autimission was made available to the State under the | Executive Order 12372 Process for review on: 08/05/2007 | 7 |
| b. Program is subject to E.O. 12372 but has not been selected | | |
| " c. Program is not covered by E.O. 12372. | | |

OMB Number: 4040-0002

Expiration Date: 08/31/2008

| APPLICATION FOR FEDE | RAL ASSISTANCE SF-424 - MANDATORY | Version 01.1 |
|--|--|--|
| * 16. Is The Applicant Delinques | t On Any Federal Debt? | |
| Yes No 🛂 | | |
| ere true, complete and accurate resulting terms if I accept an av | certify (1) to the statements contained in the list of certifications" and (2) that the state to the best of my knowledge. I also provide the required assurances" and agree to rard. I am aware that any false, fictitious, or fraudulent atatements or claims may subpenalties. (U.S. Code, Title 218, Section 1901) | comply with any |
| _ | | |
| instructions. | urances, or an internet site where you may obtain this list, is contained in the announcement of | or agency specific |
| Authorized Representative: | | |
| Prefix; | * First Name: | |
| Mrs. | Haldee | |
| Middle Name: | | ************************************* |
| | | |
| * Last Name: | | |
| Gaza | | 40 |
| Suffix: | * Title: | |
|) | President | |
| Organizational Affliation: | | |
| The state of the s | | |
| * Telephone Number: | | |
| 951-340-4754 | | |
| * Fax Number: | | |
| 909-483-2048 | | |
| * Email: | | |
| haideegaza@sbcglobal.net | | Walter |
| * Signature of Authorized Represent | gtive: | |
| Completed by Grants gov upon sub | nission. | |
| * Date Signed: | | |
| Completed by Grants.gov upon sub | nlesion. | |
| Attach supporting documents as sp | | |
| Add Attachments Celete Attachme | onts View Attachments | |

919094832048

| APPLICATION FOR FEDE | RAL ASSISTANCE SF-424 | - MANDATORY | Version 01.1 |
|--|--|---|--|
| * 1.a. Type of Submission: | * 1.b. Frequency: | * 1.d. Version: | |
| 7 Application | (7) Annual | [] Initial [] Resubmission | Revision Update |
| Plan | Cuarterly | ² 2. Date Received: | STATE USE ONLY: |
| Funding Request | Other | Completed by Granta.gov upon submission | n. |
| | | 3. Applicant identifier: | 6. Data Received by State: |
| Other | * Other (specify) | | |
| * Other (specify) | Outer (specify) | | 6. State Application Identifier: |
| | | 4a. Federal Entity Identifier: | median made or china in models to the first interpolation of the |
| | | | |
| escation is a presentative and mentionly \$6.444 are made to the manual or the same to the | | 4b. Federal Award Identifier; | |
| 1.c. Consolidated Application/ | Plan/Funding Request? | | |
| Yes [] No 🗹 | n typnings stand or | | |
| 7. APPLICANT INFORMATION: | | | |
| * a. Legal Name: | | 3.74.10 | was many to a manage of the same of the sa |
| Gaza Homes, Inc. | | | |
| * b. Employer/Texpayer identif | Ication Number (EIN/TIN): | * c. Organizational DUNS: | |
| 20-5000498 | | 791379162 | |
| d. Address: | | | |
| * Street1: | | Street2: | |
| 4260 San Sebastian Circle | ************************************** | 35/2019. see | WITTEN AND THE PROPERTY OF THE |
| 3 ag | | | |
| * City: | | County: | |
| Corona | | J. J. | JN 5 2007 |
| * State: | | Province: | OLEARING HOUSE |
| ĊA: | California | OTALL | CLEARING HOUSE |
| * Country: | | * Zip / Postal Code: | |
| U\$A: UN | ITED STATES | 92882-7937 | |
| e. Organizational Unit: | | | |
| Department Name: | | Division Name: | |
| Grent Funding | maker of the state | | |
| | on of person to be contacted on ma | atters involving this submission: | ************************************** |
| | * First Name: | Middle Name: | |
| | Haidee | | |
| | | | |
| * Last Name: | | Suffix: | |
| Gaza | | | |
| | | | |
| Title: President | | | |
| Organizational Affiliation: | | | |
| The second secon | NELLO DESCRIPTION AND AND ADMINISTRATION ADMINISTRATION AND ADMINISTRATION ADMINISTRATION ADMINISTRATION AND ADMINISTRATION ADMINISTRATION ADMINISTRATION ADMINISTRATION ADMINISTRATION | | |
| * Telephone Number: 951-340-4 | / | Fax Number: | i i i i i i i i i i i i i i i i i i i |

| APPLICATION FOR | | 2. DATE SUBMITTED | *************************************** | Applicant Ider | Version 7/03 |
|---|--|--|--|---|--|
| FEDERAL ASSISTANCE | | 06/08/2007 | | | |
| 1. TYPE OF SUBMISSION: Application | Pre-application | 3. DATE RECEIVED BY | STATE | State Applicat SAI Exempt | ion Identifier |
| ☑ Construction | ▼ Construction | 4. DATE RECEIVED BY | FEDERAL AGE | NCY Federal Identi | fier |
| Non-Construction | ☐ Non-Construction | | | | |
| 5. APPLICANT INFORMATION Legal Name: | | | Organizational | l Init | |
| _ | | | Department: | | |
| Greenville Rancheria Organizational DUNS: | page and the second of the sec | 2 2 Mary 1988 to | Greenville Rand | cheria Environmental | Protection Agency |
| 78023075 | RECE | 17ET | | | |
| Address: Street: | | | | | erson to be contacted on matters |
| P.O. Box 279 410 Main Street | JUN v 5 | 2007 | Prefix: | volving this application (give area code) efix: First Name: | |
| City: | | | Mr. Middle Name | Michael | |
| Greenville, CA 95947 | STATE CLEARIE | NG HOUSE | Duane | | |
| County: Plumas | | | Last Name DeSpain | | |
| State: California | Zip Code 95947 | and of water the control of the cont | Suffix: | | |
| Country: United States | | | Email: | @greenvillerancheria | com |
| 6. EMPLOYER IDENTIFICATIO | N NUMBER (EIN): | | Phone Number | <u> </u> | Fax Number (give area code) |
| 68-0052490 |] | | 530-284-7990 | | 530-284-6612 |
| 8. TYPE OF APPLICATION: | 4 | | 7. TYPE OF AF | PLICANT: (See bac | ck of form for Application Types) |
| V Nev | | n Revision | ĸ | | |
| If Revision, enter appropriate lett (See back of form for description | er(s) in box(es) of letters.) | | Other (specify) | | |
| | | | | | |
| Other (specify) | | | 9. NAME OF FEDERAL AGENCY: USDA Rural Development | | |
| 10. CATALOG OF FEDERAL I | DOMESTIC ASSISTANC | E NUMBER: | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: | | |
| | | 1 0 - 7 6 3 | Greenville Ran | cheria Indian Mission | Water System Project |
| TITLE (Name of Program): Emergency Community Water A | secietance Grant | heard learned beyond ferrand | | | |
| 12. AREAS AFFECTED BY PR | | s, States, etc.): | - | | |
| Plumas County | | • | | | |
| 13. PROPOSED PROJECT | | | 14. CONGRES | SIONAL DISTRICTS | OF: |
| Start Date: As soon as funded | Ending Date: 6 months after aware | 4 | a. Applicant 2nd | | b. Project 2nd |
| 15. ESTIMATED FUNDING: | o months after awar | | | ATION SUBJECT TO | REVIEW BY STATE EXECUTIVE |
| a Fadard M | · · · · · · · · · · · · · · · · · · · | OD. | ORDER 12372 | | WARRION WAS MARE |
| a. Federal \$ | | 75,000 | | | N/APPLICATION WAS MADE FATE EXECUTIVE ORDER 12372 |
| b. Applicant \$ | | .00 | | OCESS FOR REVIE | |
| c. State \$ | and the second s | • 00 | DA | TE: | |
| d. Local \$ | | | b. No. 7 PR | OGRAM IS NOT CO | VERED BY E. O. 12372 |
| e. Other \$ | | 90 | | R PROGRAM HAS NO | OT BEEN SELECTED BY STATE |
| f. Program Income \$ | | . 00 | | | ENT ON ANY FEDERAL DEBT? |
| g. TOTAL \$ | THE STATE OF THE S | 75,000 · | Yes If "Yes" | ' attach an explanatio | n. 🛂 No |
| 18. TO THE BEST OF MY KNO | | , ALL DATA IN THIS API | | | |
| DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF | | | THE APPLICAN | I AND THE APPLIC | ANT WILL COMPLY WITH THE |
| a. Authorized Representative Prefix | First Name | | | Middle Name | |
| Mrs. Erica | | | Marie | | |
| Last Name Kellison | | | | Suffix | |
| b. Title Tribal Chairperson | | | | c. Telephone Numbe 530-284-7990 | r (give area code) |
| d. Signature of Authorized Repre | esentative P | 1601 | | a Data Cianad | רט/ו |
| d. Signature of Authorized Representative Eucle Kelli | | | | 6/5 | 1/0 · |



| Application for Federal As | ssistance SF-42 | 24 | | Version 02 |
|-------------------------------------|------------------|------------------|------------------------------------|---|
| *1. Type of Submission: | | e of Application | on * If Revision, select appro | opriate letter(s) |
| ☐ Preapplication | X New | V | | ACCE ETTAMOGRATISM NECTORISMAN I CONTINUES AND AND AND AND ACTORISMAN WAS RECOVERNMENTED TO THE |
| X Application | ☐ Con | itinuation | *Other (Specify) | RECEIVED |
| ☐ Changed/Corrected Applic | ation | sion | | JUN 6 2007 |
| 3. Date Received: | 4. Applicar | nt Identifier: | | STATE CLEARING HOUSE |
| 5a. Federal Entity Identifier: | | | *5b. Federal Award Identifier | |
| State Use Only: | | - | | |
| 6. Date Received by State: | | 7. State Ap | pplication Identifier: | |
| 8. APPLICANT INFORMATION | ON: | | | |
| *a. Legal Name: Break the E | Barriers | | | |
| *b. Employer/Taxpayer Ident | | (EIN/TIN): | *c. Organizational DUNS: 197384415 | |
| d. Address: | | | | |
| *Street 1: 85 | 555 N. Cedar Ave | <u>nue</u> | | |
| Street 2: | | | | |
| *City: <u>F</u> 1 | resno | | | |
| County: F | resno | | | |
| *State: <u>C</u> | <u>alifornia</u> | | | |
| Province: | | | • | |
| *Country: <u>U</u> | nited States | | | |
| *Zip / Postal Code 9 | 3720 | | | |
| e. Organizational Unit: Bre | eak the Barriers | | | |
| Department Name: Break the Barriers | | · | Division Name: | |
| f. Name and contact infor | mation of perso | n to be conta | acted on matters involving th | is application: |
| Prefix: | *First Name: | Deby | | |
| Middle Name: | | | | |
| *Last Name: <u>Hergenra</u> | <u>der</u> | | | |
| Suffix: | | | | |
| Title: Executive | Director/Co-Four | nder | | |
| Organizational Affiliation: | | | | |
| *Telephone Number: 559- | 432-6292 | Fa | x Number: 559-432-5995 | |
| *deby@breakthebarriers.or | | | | |

Version 02

| Application for Federal Assistance SF-424 | version 02 |
|---|-------------------|
| *9. Type of Applicant 1: Select Applicant Type: m. Nonprofit with 501 (C) 3 Status | |
| Type of Applicant 2: Select Applicant Type: | |
| Type of Applicant 3: Select Applicant Type: | |
| *Other (Specify) | |
| *10 Name of Federal Agency: USDE Office of Safe and Drug-Free Schools | |
| 11. Catalog of Federal Domestic Assistance Number: | |
| <u>84.184B</u> | |
| CFDA Title: Mentoring Programs | |
| *12 Funding Opportunity Number: | |
| ED-GRANTS-041107-001 | 4 |
| *Title: | |
| USDE Office of Safe and Drug Free Schools Mentoring Program | |
| | |
| 13. Competition Identification Number: | |
| | |
| Title: | |
| | |
| | |
| to the Project (Cities Counties States etc.) | |
| 14. Areas Affected by Project (Cities, Counties, States, etc.): California; Fresno County Cities and School Districts: Clovis, Fowler, Fresno, and Kings Canyon School Dis | stricts |
| California; Fresho County Cities and School Districts: Golden Valley and Madera Unified School Districts California; Madera County Cities and School Districts: Golden Valley and Madera Unified School Districts | • |
| | |
| *15. Descriptive Title of Applicant's Project: | ter care students |
| Break the Barriers will develop a school based mentoring program entitled Buddy Up for 400 special needs and fos in grades 4-8 in six public school districts in Fresno and Madera Counties, California. The Buddy Up mentoring program | gram will use the |
| National Center and Mass Mentoring Partnership Model: Partners for Youth with Disabilities and also incorporate of | ther best |
| practices to help special needs and foster care students develop a sense of belonging, improve relationships, incre | ase achievement |
| and performance, and build resiliency against drugs, alcohol, tobacco, and gang involvement. Partners in the Budd | y Up program |

include Family Builders Foster Care, Inc., colleges and universities, schools and school districts, community based organizations, and professional associations. The Buddy Up Program will be a replicable, full inclusion mentoring model for high needs youth.

Expiration Date: 01/31/2009

| Application for Fede | ral Assistance SF-424 | | Version 02 |
|--|--|--|----------------------------------|
| 16. Congressional Dis | tricts Of: | | |
| *a. Applicant: CA-019 | | *b. Program/Project: C | CA-018, CA-019, CA-020, CA-021 |
| 17. Proposed Project: | | | |
| *a. Start Date: 10/1/07 | | *b. End Date: 9/30/20 | 10 |
| 18. Estimated Funding | ı (\$): | | |
| *a. Federal | \$200,000 | | |
| *b. Applicant | \$64,000 | | |
| *c. State | | | |
| *d. Local | | | |
| *e. Other | | | |
| *f. Program Income | | | |
| *g. TOTAL | \$264,000 | | |
| X a. This application b. Program is subject to the complete t | was made available to the State unect to E.O. 12372 but has not been covered by E. O. 12372 Delinquent On Any Federal Debt or plication, I certify (1) to the statement of the best of made and the best of the b | ? (If "Yes", provide explanation.) ents contained in the list of certificatio knowledge. I also provide the require that any false, fictitious, or fraudulen | ns** and (2) that the statements |
| ** The list of certification agency specific instruction | ons and assurances, or an internet | site where you may obtain this list, is | contained in the announcement or |
| Authorized Represer | | | |
| Prefix: Middle Name: | *First Name | : <u>Deby</u> | |
| Suffix: | | | |
| *Title: Executive Dire | ctor/Co-Founder | | |
| *Telephone Number: | 559-432-6292 | Fax Number: 559 | 9-432-5995 |
| * Email: deby@break | thebarriers.org | | |
| *Signature of Authoriz | ed Representative: | des | *Date Signed: 5/14/2007 |

OMB Number: 4040-0004 Expiration Date: 01/31/2009 Application for Federal Assistance SF-424 Version 02 *1. Type of Submission: *2. Type of Application * If Revision, select appropriate letter(s) ☐ Preapplication X New Application *Other (Specify) Continuation ☐ Changed/Corrected Application RECEIVED Revision 3. Date Received: 4. Applicant Identifier: STATE CLEARING HOUSE 5a. Federal Entity Identifier: *5b. Federal Award Identifier: State Use Only: 6. Date Received by State: 7. State Application Identifier: 8. APPLICANT INFORMATION: *a. Legal Name: Indio Youth Task Force *b. Employer/Taxpayer Identification Number (EIN/TIN): *c. Organizational DUNS: 330474262 779992952 d. Address: *Street 1: 46800 Jackson Street Street 2: *City: Indio County: Riverside *State: California Province: *Country: **United States** *Zip / Postal Code 92201 e. Organizational Unit: Indio Youth Task Force Department Name: Division Name: Indio Youth Task Force

f. Name and contact information of person to be contacted on matters involving this application:

Fax Number: 760.391.4053

Executive Director/Police Chief, Indio Police Department

Prefix:

Suffix:

Middle Name: *Last Name:

Organizational Affiliation:

*EmailBramos@indiopd.org

*Telephone Number: 760.391.4030

Chief

Ramos

*First Name: Brad

| Application for Federal Assistance SF-424 | Version 02 |
|--|------------------|
| *9. Type of Applicant 1: Select Applicant Type: | |
| m. Nonprofit with 501 (C) 3 Status | |
| Type of Applicant 2: Select Applicant Type: | |
| Type of Applicant 3: Select Applicant Type: | |
| *Other (Specify) | |
| *10 Name of Federal Agency: USDE Office of Safe and Drug-Free Schools | |
| 11. Catalog of Federal Domestic Assistance Number: | |
| <u>84.184B</u> | |
| CFDA Title: | |
| Mentoring Program | |
| *12 Funding Opportunity Number: | |
| ED-GRANTS-041107-001 | |
| *Title: <u>USDE Office of Safe and Drug Free Schools Mentoring Program</u> | |
| 13. Competition Identification Number: | |
| | |
| Title: | |
| | |
| | |
| | |
| 14. Areas Affected by Project (Cities, Counties, States, etc.): | |
| The Cities of La Quinta, Indio, Palm Desert, Coachella and Bermuda Dunes in Riverside County, California. | |
| | |
| | |
| *15. Descriptive Title of Applicant's Project: | |
| Indio Youth Task Force (IYTF) will develop the Si Se Puede Mentoring Program for 400 children and youth (each y | vear) who reside |
| in Riverside County, California and attend schools in Desert Sands Unified School District. IYTF will use the resea | rch based "Best |
| Practices of Youth Violence Prevention" and the Search Institute's Asset Development Models to increase student a reduce juvenile crime. The Si Se Puede Mentoring Program will be an asset-based program that will provide chi | chievement and |

with a positive role model for a sustained period of time.

| Application for | Federal Assic ce SF- | 124 | Version | -02 |
|---|--|--|---|----------|
| 16. Congression | al Districts Of: | | Version | |
| *a. Applicant: CA | -045 | *b. Program/P | Project: CA-045 | |
| 17. Proposed Pr | oject: | | | |
| *a. Start Date: Oc | tober 1, 2007 | | *b. End Date: September 30, 2010 | |
| 18. Estimated Fu | nding (\$): | | , | |
| *a. Federal | \$200,000 | | | |
| *b. Applicant | \$198,000 | | | |
| *c. State | Ψ190,000 | | | |
| *d. Local | | | | |
| *e. Other | | | | |
| *f. Program Incom | e | | | |
| *g. TOTAL | \$398,000 | | | |
| b. Program is s c. Program is r | ubject to E.O. 12372 but has not covered by E. O. 12372 | not been selected by the State | | |
| F | ant Delinquent On Any Fed No | eral Debt? (If "Yes", provide | explanation.) | |
| with any resulting te me to criminal, civil, X ** I AGREE | or administrative penalties. ations and assurances, or an | m aware that any false, fictitiou (U. S. Code, Title 218, Section | st of certifications** and (2) that the statements vide the required assurances** and agree to compus, or fraudulent statements or claims may subject 1001) | ly |
| Authorized Repres | entative: | | | _ |
| Middle Name: | nief *Fir | st Name: <u>Brad</u> | | |
| Title: Executive Dir | ector/Chief of Police, Indio P | Dlice Department | | \dashv |
| | 760.347.8522 ext. 225 | | Number: 760.391.4053 | \dashv |
| Email: Bramos@in | | 1 1 4 1 | | \dashv |
| | zed Representative | R | *Date Signed: 5/16/2007 | \dashv |

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005) Prescribed by OMB Circular A-102

| APPLICATION FOR | | 2. DATE SUBMITTED | Applicant Identifier 13-0551-0-1-503 | | | |
|--|-------------------------|--|--|--|--|--|
| FEDERAL ASSISTANCE 1.TYPE OF SUBMISSION: | | 6/4/2007 3. DATE RECEIVED BY STATE | State Application Identifier | | | |
| Application | Pre-Application | 6/4/2007 | N/A | | | |
| ✓ Construction | Construction | 4. DATE RECEIVED BY FEDERAL | Federal Identifier | | | |
| Non-Construction | Non-Construction | AGENCY | N/A | | | |
| 5. APPLICANT INFORMAT | | 6/4/2007 | THE CONTROL OF THE PROPERTY OF THE CONTROL OF THE C | | | |
| | | Organizational Unit: | | | | |
| Legal Name: Angelo P. Will | liams | Department: N/A | | | | |
| Organizational DUNS: D Information Center (DVBIC) | ligital Video Broadcast | Division: N/A | TANKS LEZYKER UTONING KING TRANSPORT OF THE TON TO THE TON THE TANKS TO THE TON THE TANKS TO THE TANKS THE TANKS TO THE TANKS | | | |
| Address: | | Name and telephone number of person involving this application (give area co | de) | | | |
| Street: 230 W Linfield st. | | Prefix: мг. | File to the Angel CU | | | |
| City: Glendora | | Middle Name: Paul | | | | |
| County: LA | | Last Name: williams | JUN 0 8 2007 | | | |
| State: California | Zip Code: 91740 | Suffix: sr. | | | | |
| Country: United States | | Email: williams_f1@roadrunner.com | STATE CLEARING HOUSE | | | |
| 6. EMPLOYER IDENTIFICATI 567191635 | ON NUMBER (EIN): | Phone Number (give area code) 626-224-5277 | Fax Number (give area code) 626-335-4979 | | | |
| 8. TYPE OF APPLICATION | | | COM MERCHANISTIC (MENTION DE L'ANNO MENTION DE L'ANNO MENT | | | |
| ✓ New ☐ Continuat | ion Revision | 7. TYPE OF APPLICANT: N Other (specify): Non profit Organization | | | | |
| If Revision, enter appropriat | e letter(s) in box(es) | | | | | |
| (See back of form for description of letters.) N/A, N/A | | 19. NAME OF FEDERAL AGENCY: IDEPARTMENT OF COMMERCE | | | | |
| Other (specify): N/A 10. CATALOG OF FEDERA | L DOMESTIC | 11. DESCRIPTIVE TITLE OF APPLICANT | r'S PROJECT: | | | |
| ASSISTANCE NUMBER: 11.550 TITLE (Name of Program): Public Telecommunications Facilities Planning and Construction(PTFP) 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):Consumers living in the rual, and wilderness areas of our country will be affected the most by | | The Digital Video Broadcasting Information Center is an non-profit organization committed to assisting those consumers in need of help to comply with the new digital TV Broadcast System. Their are millions of consumers who have at least 1 or 2 TVs in their home that depends on over the air broadcast to get a TV signal. Some consumers, who live further outside of our urban communities, rely solely on over the air broadcast to receive TV signals. The DVBIC will be the last line of defense, to insure that most if not all of our consumers will be able to receive a TV signal (analog or digital) after the Analog to Digital TV Broadcast System transition in 2009. | | | | |
| this TV Broadcasting change. T free information service to all c | onsumers, the only | | | | | |
| requirement for this service, is 13. PROPOSED PROJECT | public needs. | 14. CONGRESSIONAL DISTRICTS OF: | 14. CONGRESSIONAL DISTRICTS OF: | | | |
| Start Date: | Ending Date: | a. Applicant | b. Project | | | |
| 6/4/2007 | 6/4/2007 | Inland Empire | Southern California Districts | | | |
| 15. ESTIMATED FUNDING | | 16. IS APPLICATION SUBJECT TO REVI 12372 PROCESS? | | | | |
| a. Federal | \$ 980000 | a. Yes 🗹 THIS PREAPPLICATION/APPLI | | | | |
| b. Applicant | \$ o | STATE EXECUTIVE ORDER 12372 PROCESS | FOR REVIEW ON | | | |
| c. State | \$ o | DATE: 6/4/2007 | | | | |
| d. Local | \$ 0 | b. No. PROGRAM IS NOT COVERED B | Y E. O. 12372 | | | |
| e. Other | S 0 | | | | | |
| f. Program Income | \$ 0 | OR PROGRAM HAS NOT BEEN | | | | |
| g. TOTAL | \$ 980000 | 17. IS THE APPLICANT DELINQUENT O | | | | |
| 1 1 | | Yes If "Yes" attach an explanation. No | | | | |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/ PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. | | | HE APPLICANT AND THE | | | |
| a. Authorized Representative | | | | | | |
| Prefix: Mr. First Name: Angelo | | Middle Name: Paul | | | | |
| Last Name: Williams | | Suffix: sr. | | | | |
| b. Title: President | | c. Telephone Number (give area code): 626-224-5277 | | | | |
| d. Signature of Authorized Representative | | e. Date Signed | | | | |

| APPLICATION FOR | | | • | | Version 7/03 |
|--|---|--|----------------------------------|--|---|
| FEDERAL ASSISTANCE | | 2. DATE SUBMITTED 6/06/07 | | Applicant Identifier | |
| 1. TYPE OF SUBMISSION: | Pre-application | 2. DATE RECEIVED BY | | State Applicati | on identifier |
| Application | Construction | 4. DATE RECEIVED BY | FEDERAL AGE | NCY Federal Identif | ier |
| Construction | Non-Construction | | | | |
| Non-Construction 5. APPLICANT INFORMATION | Non-Construction | | | | |
| Legal Name: | | | Organizationa | i Unit: | |
| COUNTY OF SAN DIEGO | | | Department: | PUBLIC WORK | 5 |
| Organizational DUNS: 00-95816 | 16 | | Division: AIRI | PORTS | |
| Address: | -0 | | Name and tele | phone number of pe | rson to be contacted on matters |
| Street: | - Anther-responses | CONTROL OF THE PROPERTY OF THE | Involving this | application (give are | a code) |
| 1960 JOE CROSSON DR. | . San | RECEIVED | | First Name: | TER |
| City: EL CAJON | · itsaaacoviinista | 0.007 | Middle Name | _ | • |
| County: SAN DIEGO | P. HOLOGOTHA | JUN 8 2007 | Last Name DRI | NKWATER | |
| State: CA | Zip Code 92020 CT/ | ATE OF FARING HOUS | Suffix: | • | |
| Country: USA | 711000000000000000000000000000000000000 | ACTION AND ACTION OF THE ACTION AS A POPULATION OF THE ACTION AS A POPULATION | l Email: | er.Drinkwater@sdcour | ntv.ca.gov |
| 6. EMPLOYER IDENTIFICATION | N NUMBER (EIN): | | | r (give area codé) | Fax Number (give area code) |
| 95-6000934 |] | | (619) 95 | 6-4839 | (619) 956-4601 |
| 8. TYPE OF APPLICATION: | | | 7. TYPE OF A | PPLICANT: (See bac | k of form for Application Types) |
| □ Nev | v Continuatio | on 🛛 Revision | 8 | | |
| If Revision, enter appropriate lett (See back of form for description | er(s) in box(es) of letters.) : | (A) | Other (specify) | | |
| | · 📙 . | A | O NAME OF E | EDERAL AGENCY: | |
| Other (apacify) | | | FEDERAL AVI | ATION ADMINISTRAT | TION |
| 10. CATALOG OF FEDERAL I | OMESTIC ASSISTAN | CE NUMBER: | 11. DESCRIPT | IVE TITLE OF APPLI | CANT'S PROJECT: |
| | | 20-106 | | PALOMAR AIRPORT - EDEVELOPMENT PRO | PALOMAR AIRPORT |
| TITLE (Name of Program): | ORT IMPROVEMENT F | | I ERIVINAL RE | EDEVELORMENTER | 552010 |
| 12. AREAS AFFECTED BY PR | | | 1 | • | • |
| CARLSBAD, CA | | • | | | |
| 13. PROPOSED PROJECT | | | 14. CONGRES | SIONAL DISTRICTS | |
| Start Date: TBD | Ending Date: TBD | | a. Applicant 52 | | b. Project 51 |
| 15. ESTIMATED FUNDING: | 1100 | | 16. IS APPLIC | | REVIEW BY STATE EXECUTIVE |
| a. Federal \$ | • | 10.450.706. | | IIS PREAPPLICATION | JAPPLICATION WAS MADE |
| Less: \$500K 2006 Entitleme | | 18,456,703 | 7 ~ ~ v | (AILABLE TO THE ST/ ROCESS FOR REVIEW | ATE EXECUTIVE ORDER 12372 |
| c. State \$ | | 6,693,298 ou | | | |
| | | 70 |] | TE: 6/08/07 | |
| d. Local S | | • • | D. NO. 101 | • | ERED BY E. O. 12372 |
| e. Other 5 | | , | FO FO | R REVIEW | T BEEN SELECTED BY STATE |
| f. Program Income \$ | | o | 17. IS THE AP | PLICANT DELINQUE | NT ON ANY FEDERAL DEBT? |
| g. TOTAL S | | 22,096,362 | | " attach an explanation | |
| 18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY | AUTHORIZED BY THE | GOVERNING BODY OF T | LICATION/PRE HE APPLICAN | APPLICATION ARE T T AND THE APPLICA | RUE AND CORRECT. THE NT WILL COMPLY WITH THE |
| ATTACHED ASSURANCES IF T a. Authorized Representative | THE ASSISTANCE IS A | WARDED. | _ | | |
| Prefix | First Name PETER | | | Middle Name L. | |
| Last Name DRINKWATER | | | | Suffix | |
| DIRECTOR OF COUNTY AYRE | ORTS - | | | c. Telephone Number | (give area code) |
| d. Signature of Authorized Begree | entative/ | 10044 | (619) 956-4839 e. Date Signed | | |
| Previous Edition Usable | | deauce | | 06/06/07 | Standard Form 424 (Rev.9-2003) |
| Authorized for Local Reproduction | n' / | | | | Prescribed by OMB Circular A-102 |

| | | | • | | | Version 7/03 | | | |
|---|--|--|------------------------|---|--------------------------------------|-----------------------------------|--|--|--|
| APPLICATION FOR FEDERAL ASSISTANCE | 2. DATE SUBMITTED | | | Applicant Identifier | | | | | |
| 1. TYPE OF SUBMISSION: | | 3. DATE RECEIV | 6/06/07 ED BY STATE | | State Applica | tion Identifier | | | |
| Application | Pre-application | 4. DATE RECEIVED BY FEDERAL AGENC | | | NCY Federal Ident | ifier | | | |
| Construction | Construction | | | | | | | | |
| Non-Construction 5. APPLICANT INFORMATION | Non-Construction | | | | | | | | |
| Legal Name: | | | | izational | Unit: | | | | |
| COUNTY OF SAN DIEGO | | | Depart | | PUBLIC WOR | (S | | | |
| Organizational DUNS: 00-95816 | A& | | Divisio | AIRF | PORTS | | | | |
| Address; | THE CONTRACT OF THE CONTRACT O | | Name | and tele | phone number of pe | erson to be contacted on matters | | | |
| Street: | RECE | EIVED | Prefix: | | application (give are First Name: | | | | |
| 1960 JOE CROSSON DR. | | IVLU. | Middle | Name | P | ETER | | | |
| City: EL CAJON | JUN_0 | 8 2007 | | | | | | | |
| County: SAN DIEGO | | | Last N | DRII | NKWATER | | | | |
| State: CA | Zip COTAJE &LEA | RING HOUSE | Suffix: | | | | | | |
| Country: USA | | entransa architectura de desta entransa de la companya de la companya de la companya de la companya de la comp | Email: | Pete | er.Drinkwater@edcou | inty.ca.gov | | | |
| 6. EMPLOYER IDENTIFICATION | N NUMBER (EIN): | | Phone | Number | (give area code) | Fax Number (give area code) | | | |
| 95-6000934 | | | 1 | (619) 956 | • | (619) 956-4801 | | | |
| 8. TYPE OF APPLICATION: | | | | PE OF AF | PPLICANT: (See ba | ck of form for Application Types) | | | |
| If Revision, enter appropriate let | | on Karevisio | on B | | | | | | |
| (See back of form for description | of letters.) | A | Other (| (specify) | | | | | |
| Other (specify) | | . Ш | 9. NA | 9. NAME OF FEDERAL AGENCY: FEDERAL AVIATION ADMINISTRATION | | | | | |
| 10. CATALOG OF FEDERAL | DOMESTIC ASSISTAN | CE NUMBER: | 1 ' ' | | | ICANT'S PROJECT: | | | |
| | | 20-10 | McCL | ELLAN-F | ALOMAR AIRPORT | - PALOMAR AIRPORT | | | |
| TITLE (Name of Program): | | | TERN | MINAL RE | DEVELOPMENT PR | COTEC 19 | | | |
| 12. AREAS AFFECTED BY PR | PORT IMPROVEMENT F ROJECT (Cities, Countie | | | | | | | | |
| CARLSBAD, CA | | | | | | | | | |
| 13. PROPOSED PROJECT | | | | | SIONAL DISTRICTS | | | | |
| Start Date: | Ending Date: | | a. Apr 52 | ilcant | | b. Project 51 | | | |
| TBD 15. ESTIMATED FUNDING: | 1100 | | | APPLIC | ATION SUBJECT TO | D REVIEW BY STATE EXECUTIVE | | | |
| | | no no | ORDE | R 12372 | PROCESS? | N/APPLICATION WAS MADE | | | |
| a. Federal Less; \$500K 2006 Entitieme | • | 18,456,703 | a. Yes | | AILABLE TO THE S | TATE EXECUTIVE ORDER 12372 | | | |
| b. Applicant | | 3,639,659 | | PR | OCESS FOR REVIE | EW ON | | | |
| c. State | | ,uc | | DA | TE: 6/08/07 | | | | |
| d. Local \$ | | , no | b. No. | □ PR | OGRAM IS NOT CO | VERED BY E. O. 12372 | | | |
| e. Other \$ | | , uu | | | | OT BEEN SELECTED BY STATE | | | |
| f. Program Income \$ | • | 0. | 17. IS | | R REVIEW PLICANT DELINQUI | ENT ON ANY FEDERAL DEBT? | | | |
| g, TOTAL 5 | | 22,096,362 | | s if "Yee" | ' ettach an explanatio | on. 💆 No | | | |
| 18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF | AUTHORIZED BY THE | , ALL DATA IN T | HIS APPLICATI | ON/PRE | APPLICATION ARE | | | | |
| a. Authorized Representative Prefix | First Name | | | <u>-</u> | Middle Name | | | | |
| | PETER | | | | <u>L.</u> | | | | |
| Last Name DRINKWATER | | | | | Suffix | | | | |
| b. Title DIRECTOR OF COUNTY AIR | | • | | | c. Telephone Numbe (619) 956-4839 | r (give area code) | | | |
| d. Signature of Authorized Reput | Care News | Per . | | | c. Date Signed 06/06/07 | | | | |
| Previous Edition Usable | | | | | | Standard Farm 404 (Day & 0000) | | | |

| APPLICATION FOR | | | 1 | | | | | Version 7/03 | | |
|---|---------------|---|--|------------------------------|---|-----------------------------------|---|---------------------------------------|--|--|
| FEDERAL ASSISTANCE | i | | 2. DATE SUBMITTED | 2. DATE SUBMITTED 6/06/07 | | | Applicant Identifier | | | |
| 1. TYPE OF SUBMISSION: | Du!!- | | 3. DATE RECEIVED | | | State Application | on Identifier | | | |
| Application | Pre-applic | | 4. DATE RECEIVED | BY FEDERAL AC | SENCY | Federal Identifi | ier | | | |
| Construction | Const | | | | | | | | | |
| Non-Construction 5. APPLICANT INFORMATION | | nstruction | <u> </u> | | | · | | | | |
| Legal Name: | | | | Organizatio | nal Unit: | | | | | |
| COUNTY OF SAN DIEGO | | | | Department: | | PUBLIC WORKS | · · | | | |
| | | | | Division: | Г | DBLIC WORK | 3 | <u> </u> | | |
| Organizational DUNS: 00-95816 | 46 | THE RESERVE AND THE | MANAGE AND ADDRESS SOURCE | A | IRPORTS | | | | | |
| Address: | | HE(| JEIVEL | | | number of per ation (give area | rson to be contacted | on matters | | |
| Street: | Į. | , | | Prefix: | ns appire | First Name: | a COOC) | | | |
| 1980 JOE CROSSON DR. | | .IUN | 0 8 2007 | | | PE | TER | | | |
| City: | | • | | Middle Name | e | | | | | |
| County: SAN DIEGO | 1 | STATE CL | EARING HOUSE | Last Name | RINKWAT | TER | | | | |
| State: CA | Zip Code | 92020 | Secretary and the secretary an | Suffix: | | | | | | |
| Country: USA | | | | Email: | eter.Drink | water@sdcoun | ty.ca.gov | | | |
| 6. EMPLOYER IDENTIFICATIO | N NUMBE | R (EIN): | | Phone Numb | | | Fax Number (give are | g codo) | | |
| | _ | | | (619) | 956-4839 | | (619) 956-4801 | | | |
| 95-6000934 B. TYPE OF APPLICATION: | 1 | | | 7. TYPE OF | APPLICA | NT: (See back | of form for Applicatio | n Types) | | |
| □ Nev | w 🗓 | Continuatio | n 🛭 Revision | В | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | (200 200 | (or rom for rapping | | | |
| If Revision, enter appropriate lett | ter(s) in box | ((es) | | Other (specif | 5 A | | | | | |
| (See back of form for description | or letters.) | | A | Other (specing | y) | | | • | | |
| Other (specify) | | | | | | AL AGENCY: ADMINISTRAT | lon . | | | |
| 10. CATALOG OF FEDERAL I | DOMESTIC | ASSISTANC | CE NUMBER: | , | | | CANT'S PROJECT: | | | |
| | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | PALOMAR AIRPOR | ťΤ | | |
| TITLE (Nome of Program): | | | 20-106 | | | LOPMENT PRO | | • | | |
| TITLE (Name of Program): AIRP | ORT IMPR | OVEMENT P | ROGRAM (AIP) | | | | | | | |
| 12. AREAS AFFECTED BY PR | OJECT (C/ | ties, Counties | s, States, etc.): | | | | | | | |
| CARLSBAD, CA | | | | | | | | | | |
| 13. PROPOSED PROJECT | | | | 14. CONGRI | ESSIONA | L DISTRICTS | OF: | | | |
| Start Date: | Ending | Date: | | a. Applicant | | | b. Project 51 | | | |
| 15, ESTIMATED FUNDING: | TBD | | | 52 | ICATION | CUB IECT TO | REVIEW BY STATE | EVECUTIVE | | |
| 15, ESTIMATED FUNDING: | | | | ODDED 400 | ** DDAA | -666 | | | | |
| a. Federal \$ Less: \$500K 2006 Entitleme | | | 18,456,703 | a. Yes. 🔽 | THIS PRE | APPLICATION | VAPPLICATION WAS | MADE | | |
| b. Applicant \$ | | | 00 | | / (- / () mm (m-) | E TO THE STA | THE BUILD HAVE ONLY | JER 12372 | | |
| | | | 3,639,659 | | | | • | | | |
| c. State S | | | ,00 | I | DATE: 6/0 | 08/07 | | | | |
| d. Local \$ | • | | on | b. No. 🖂 | PROGRAI | M IS NOT COV | ERED BY E, O. 12372 | 2 | | |
| e. Other \$ | | | | | OR PROG | | T BEEN SELECTED E | Y STATE | | |
| f. Program Income \$ | | | 0 . | 17. IS THE A | APPLICAN | NT DELINQUE | NT ON ANY FEDERA | L DEBT? | | |
| g. TOTAL \$ | | | 22,096,362 | Yes If "Ye | es" attach | an explanation | . 🖸 No | | | |
| 18. TO THE BEST OF MY KNO | WLEDGE A | AND BELIEF | ALL DATA IN THIS A | PPLICATION/PE | REAPPLIC | ATION ARE T | BUE AND CORRECT | THE | | |
| DOCUMENT HAS BEEN DULY | ALITHORIZ | ALU RA JUE | COVERNING BODY O | F THE APPLICA | NT AND | THE APPLICAL | NT WILL COMPLY W | ITH THE | | |
| a Authorized Representative | THE ASSIS | TANCE IS A | WARDED. | | | | | | | |
| ATTACHED ASSURANCES IF a Authorized Representative Prefix | First Name | 9 8575 | | | Middle i | Name | | | | |
| Last Name | | PETER | · | | | Ļ, | • | · · · · · · · · · · · · · · · · · · · | | |
| DRINKWATER | | | | | Suffix | | | | | |
| b. Title DIRECTOR OF COUNTY MIRE d. Signature of Authorized Reput | PORTS | // | | | (619) s | none Number (956-4839 | (glve area code) | | | |
| d. Signature of Authorized Reput | sentative / | wal | | | e. Date | Signed | | | | |
| Previous Edition Usable | | 41711 | <u> </u> | | | _06/06/07 '· | | | | |

| * 1.a. Type of Submission: | * 1.b. Frequency: | * 1.d. Version: | | | | | | |
|--|--|--|--|--|--|--|--|--|
| Application | ✓ Annual | ✓ Initial Resubmission Revision Update | | | | | | |
| Plan | Quarterly | * 2. Date Received: | STATE USE ONLY: | | | | | |
| Funding Request | Other | Completed by Grants.gov upon submission. | | | | | | |
| | | 3. Applicant Identifier: | 5. Date Received by State: | | | | | |
| Other | * Other (specify) | | | | | | | |
| * Other (specify) | Otto (apacity) | 4a. Federal Entity Identifier: | 6. State Application Identifier: | | | | | |
| | | 4a. rederal Entity Identifier. | | | | | | |
| | | | | | | | | |
| 1.c. Consolidated Application/F | Plan/Funding Request? | 4b. Federal Award Identifier: | ; ; | | | | | |
| Yes No V Explan | 10011010000000000000000000000000000000 | | | | | | | |
| 7. APPLICANT INFORMATION: | | i I Lagida ta i mana mana mana mana mana mana mana m | | | | | | |
| * a. Legal Name: | <u>an ara na manana m</u> Manana manana manan | | | | | | | |
| Rural Community Assistance Corp | poration | | paratricin accounts (1990) (1990) (1990) (1990) (1990) (1990) | | | | | |
| * b. Employer/Taxpayer Identifi | | * c. Organizational DUNS: | | | | | | |
| 94-2512284 | ,, | 093587368 | | | | | | |
| d. Address: | | Lacronia in inconstruction product parameters | | | | | | |
| * Street1: | | Street2: | | | | | | |
| 3120 Freeboard Drive, Suite 201 | | The state of the s | WAS CONTRACTED TO SERVICE AND THE SERVICE AND | | | | | |
| | | va rasionala. | | | | | | |
| * City: | | County: | AND THE RESIDENCE OF THE PROPERTY OF THE PROPE | | | | | |
| West Sacramento | | Yolo | | | | | | |
| * State: | | Province: | and the contraction of the contr | | | | | |
| CA: (| California | | | | | | | |
| * Country: | | * Zip / Postal Code: | Marine and the second s | | | | | |
| USA: UNI | TED STATES | 95691 | | | | | | |
| e. Organizational Unit: | | | | | | | | |
| Department Name: | | Division Name: | | | | | | |
| Housing and Health | - | | | | | | | |
| f. Name and contact informatio | n of person to be contacted on matters inv | olving this submission: | RECEIVED | | | | | |
| | * First Name: | Middle Name: | ILINI 1 2007 | | | | | |
| · | June | | JUN 1 1 2007 | | | | | |
| 5 | | | STATE CLEARING HOUSE | | | | | |
| * Last Name: | | Suffix: | and the second s | | | | | |
| Otow | | The state of the s | | | | | | |
| Title: Director, Corporate Develo | pment | | | | | | | |
| Organizational Affiliation: | | en (ciples de militare de 1900) | | | | | | |
| Organizational Annualon. | | na a rakhalad 4 kin mga arras kidadi Mililia da anaka kida kidadi Mililia da anaka da anaka kida anaka kida 400 | | | | | | |
| * Telephone Number: 360/835-29 | 331 | Fax Number: 360/835-2931 | | | | | | |
| The state of the s | | | | | | | | |

| 9. Name of Federal Agency: Business and Cooperative Programs 10. Catalog of Federal Domestic Assistance Number: 10.771 CFDA Title: Rural Cooperative Development Grants 11. Areas Affected by Funding: AK, AZ, CA, CO, HI, ID, MT, OR, UT, WA, NV, NM, WY 12. CONGRESSIONAL DISTRICTS OF: 13. Applicant: 14. Areas Affected by Funding: 15. Program/Project: 16. Varied Delete Affachment View Affachment Delete Affachment View Affachment Delete Affachment View Affachment 13. FUNDING PERIOD: | APPLICATION FOR FEDERAL ASSISTANCE SF-424 - M | IANDATORY | Version 01.1 |
|--|---|---|--------------|
| M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) Other (specify): D. Additional Description: S. Name of Federal Agency: Business and Coeperative Programs 10. Catalog of Federal Domestic Assistance Number: 10.771 CFDA Title: Rural Coeperative Development Grants 11. Areas Affected by Funding: AK, AZ, CA, CO, Hi, ID, MT, OR, UT, WA, NV, NM, WY 12. CONGRESSIONAL DISTRICTS OF: a. Applicant: b. Program/Project: varied Atlach an additional list of Program/Project Congressional Districts if needed. Atlach and additional list of Program/Project Congressional Districts if needed. Atlachment_SF424 doc Atlachment_SF42 | * 8a. TYPE OF APPLICANT: | | 1 |
| o. Additional Description: *** S. Name of Federal Agency: **Business and Cooperative Programs** 10. Catalog of Federal Domestic Assistance Number: 10.771 CFDA Title: Rural Cooperative Development Grants 11. Areas Affected by Funding: AK, AZ, CA, CO, HI, ID, MT, OR, UT, WA, NV, NM, WY 12. CONGRESSIONAL DISTRICTS OF: ***a Applicant: **DA-01 Attach an additional list of Program/Project Congressional Districts if needed Attachment_SF424.doc **Date: Attachment 13. FUNDING PERIOD: **a Start Date: **1001/2007 **1001/2007 **1001/2007 **1001/2007 **1001/2007 **1001/2007 **1001/2000 | | an Institution of Higher Education) | |
| **P. Name of Federal Agency: Business and Cooperative Programs 10. Catalog of Federal Domestic Assistance Number: 10.771 CFDA Title: Rural Cooperative Development Grants 11. Areas Affected by Funding: AK. AZ, CA, CO, HI, ID, MT, OR, UT, WA, NV, NM, WY 12. CONGRESSIONAL DISTRICTS OF: * a. Applicant: CA-01 Attach an additional list of Program/Project Congressional Districts if needed. Attachment_SF424 doc 13. FUNDING PERIOD: a. Start Date: b. End Date: 10/01/2007 09/30/2008 14. ESTIMATED FUNDING: * a. Federal (S): b. Match (\$): 90,000.00 | * Other (specify): | | |
| P. Name of Federal Agency: Business and Cooperative Programs 10. Catalog of Federal Domostic Assistance Number: 10.771 CFDA Title: Rural Cooperative Development Grants 11. Areas Affected by Funding: AK. AZ, CA, CO, HI, ID, MT, OR, UT, WA, NV, NM, WY 12. CONGRESSIONAL DISTRICTS OF: * a. Applicant: CA-01 Attach an additional list of Program/Project Congressional Districts if needed Attachment_SF424 doc Note Attachment Districts of Districts if needed Attachment_SF424 doc Note Attachment Districts if needed 13. FUNDING PERIOD: a. Start Date: District Attachment Districts if needed 14. ESTIMATED FUNDING: * a. Federal (8): 90,000.00 50,000.00 | | | |
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| Business and Cooperative Programs 10. Catalog of Foderal Domestic Assistance Number: 10.771 CFDA Title: Rural Cooperative Development Grants 11. Areas Affected by Funding: AK, AZ, CA, CO, HI, ID, MT, OR, UT, WA, NV, NM, WY 12. CONGRESSIONAL DISTRICTS OF: * a. Applicant: CA-91 Attach an additional list of Program/Project Congressional Districts if needed. Attachment_SF424 doc Act Attachment_SF424 doc Delete Attachment Wiew.Attachment 13. FUNDING PERIOD: a. Start Date b. End Date: 10/01/2007 09/30/2008 14. ESTIMATED FUNDING: * a. Federal (\$): 90,000.00 50,000.00 | | | |
| 10. Catalog of Federal Domestic Assistance Number: 10.771 CFDA Title: Rural Cooperative Development Grants 11. Areas Affected by Funding: AK, AZ, CA, CO, HI, ID, MT, OR, UT, WA, NV, NM, WY 12. CONGRESSIONAL DISTRICTS OF: * a. Applicant: CA-01 Attach an additional list of Program/Project Congressional Districts if needed Attachment_SF424 doc Attachment_SF424 doc Belete Attachment 13. FUNDING PERIOD: a. Start Date: b. End Date: 10/01/2007 50/9/30/2008 14. ESTIMATED FUNDING: * a. Federal (§): | * 9. Name of Federal Agency: | | |
| 10.771 CFDA Title: Rural Cooperative Development Grants 11. Areas Affected by Funding: AK, AZ, CA, CO, HI, ID, MT, OR, UT, WA, NV, NM, WY 12. CONGRESSIONAL DISTRICTS OF: * a. Applicant: CA-01 Attach an additional list of Program/Project Congressional Districts if needed. Attachment_SF424 doc ASS ASSECTIONAL DISTRICTS OF: 13. FUNDING PERIOD: a. Start Date b. End Date: 10/01/2007 b. End Date: 10/01/2007 b. Match (\$): 90,000.00 50,000.00 | Business and Cooperative Programs | | |
| CFDA Title: Rural Cooperative Development Grants 11. Areas Affected by Funding: AK, AZ, CA, CO, HI, ID, MT, OR, UT, WA, NV, NM, WY 12. CONGRESSIONAL DISTRICTS OF: * a. Applicant: CA-01 Attach an additional list of Program/Project Congressional Districts if needed. Attachment_SF424 doc Soc Affectment 13. FUNDING PERIOD: a. Start Date b. End Date: 10/01/2007 09/30/2008 14. ESTIMATED FUNDING: * a. Federal (\$): 90,000.00 50,000.00 | 10. Catalog of Federal Domestic Assistance Number: | | |
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| 11. Areas Affected by Funding: AK, AZ, CA, CO, HI, ID, MT, OR, UT, WA, NV, NM, WY 12. CONGRESSIONAL DISTRICTS OF: * a. Applicant: CA-01 Attachment SF424 doc Add Attachment Delete Attachment View Attachment 13. FUNDING PERIOD: a. Start Date: b. End Date: 10/01/2007 14. ESTIMATED FUNDING: * a. Federal (\$): 90,000.00 50,000.00 | CFDA Title: | | 4 |
| AK, AZ, CA, CO, HI, ID, MT, OR, UT, WA, NV, NM, WY 12. CONGRESSIONAL DISTRICTS OF: * a. Applicant: * CA-01 * Attach an additional list of Program/Project Congressional Districts if needed. Attach an additional list of Program/Project Congressional Districts if needed. Attachment_SF424.doc * Add Attachment Delete Attachment View. Attachment 13. FUNDING PERIOD: a. Start Date: b. End Date: 10/01/2007 4. ESTIMATED FUNDING: * a. Federal (\$): 90,000.00 50,000.00 | Rural Cooperative Development Grants | | |
| 12. CONGRESSIONAL DISTRICTS OF: * a. Applicant: CA-01 Attach an additional list of Program/Project Congressional Districts if needed. Attachment_SF424 doc Add Attachment Delete Attachment Wiew.Attachment 13. FUNDING PERIOD: a. Start Date: b. End Date: 10/01/2007 09/30/2008 14. ESTIMATED FUNDING: * a. Federal (\$): 90,000.00 50,000.00 | 11. Areas Affected by Funding: | | |
| * a. Applicant: b. Program/Project: CA-01 varied Attach an additional list of Program/Project Congressional Districts if needed. Attachment_SF424.doc S.dd Attachment Delete Attachment 13. FUNDING PERIOD: a. Start Date: b. End Date: 10/01/2007 09/30/2008 14. ESTIMATED FUNDING: * a. Federal (\$): b. Match (\$): 90,000.00 50,000.00 | AK, AZ, CA, CO, HI, ID, MT, OR, UT, WA, NV, NM, WY | | |
| * a. Applicant: b. Program/Project: CA-01 varied Attach an additional list of Program/Project Congressional Districts if needed. Attachment_SF424.doc S.dd Attachment Delete Attachment 13. FUNDING PERIOD: a. Start Date: b. End Date: 10/01/2007 09/30/2008 14. ESTIMATED FUNDING: * a. Federal (\$): b. Match (\$): 90,000.00 50,000.00 | | | |
| * a. Applicant: b. Program/Project: CA-01 varied Attach an additional list of Program/Project Congressional Districts if needed. Attachment_SF424.doc S.dd Attachment Delete Attachment 13. FUNDING PERIOD: a. Start Date: b. End Date: 10/01/2007 09/30/2008 14. ESTIMATED FUNDING: * a. Federal (\$): b. Match (\$): 90,000.00 50,000.00 | | | |
| Attach an additional list of Program/Project Congressional Districts if needed. Attachment_SF424.doc | 12. CONGRESSIONAL DISTRICTS OF: | | |
| Attach an additional list of Program/Project Congressional Districts if needed. Attachment_SF424.doc | ' a. Applicant: | b. Program/Project: | |
| Attachment_SF424.doc | CA-01 | varied | |
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| a. Start Date: 10/01/2007 | Attachment_SF424.doc Add Attachment Delete | Attachment View Attachment | |
| 10/01/2007 09/30/2008 14. ESTIMATED FUNDING: * a. Federal (\$): 90,000.00 50,000.00 | 13. FUNDING PERIOD: | | |
| 14. ESTIMATED FUNDING: * a. Federal (\$): 90,000.00 50,000.00 | a. Start Date: | b, End Date: | |
| * a. Federal (\$): 90,000.00 b. Match (\$): 50,000.00 | 10/01/2007 | 09/30/2008 | |
| 90,000.00 | 14. ESTIMATED FUNDING: | | |
| 90,000.00 | * a. Federal (\$): | b. Match (\$): | |
| * 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS? | 90,000.00 | 50,000.00 | |
| | * 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXE | CUTIVE ORDER 12372 PROCESS? | |
| ✓ a. This submission was made available to the State under the Executive Order 12372 Process for review on: 06/07/2007 | ✓ a. This submission was made available to the State under the Execution | ive Order 12372 Process for review on: 06/07/2007 | |
| b. Program is subject to E.O. 12372 but has not been selected by State for review. | | | |
| c. Program is not covered by E.O. 12372. | | | |

| APPLICATION FOR FEDER | AL ASSISTANCE SF-424 - MANDATORY | Version 01,1 |
|--|--|--------------|
| * 16. Is The Applicant Delinquent | | |
| Yes No V Explanation | | |
| are true, complete and accurate t | certify (1) to the statements contained in the list of certifications** and (2) that the statements here to the best of my knowledge. I also provide the required assurances** and agree to comply with a lard. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to penalties. (U.S. Code, Title 218, Section 1001) | ein any |
| ** I Agree 🔽 | | |
| ** This list of certifications and assu instructions. | rances, or an internet site where you may obtain this list, is contained in the announcement or agency spe | cific |
| Authorized Representative: | | |
| Prefix: | • First Name: | |
| | June | |
| Middle Name: | | |
| * Last Name: | | |
| Otow | | |
| Suffix: | * Title: | |
| Allower or sound self of the Art | Director, Corporate Development | |
| Organizational Affiliation: | | |
| N. T. J. J. L. L. N. J. L. | | |
| *Telephone Number: 360/835-2931 | | |
| | | |
| * Fax Number: 360/835-2931 | | |
| * Email: | | |
| jotow@rcac.org | | |
| * Signature of Authorized Represent | ative: | |
| Completed by Grants.gov upon sub | 444.2000.0000 | |
| * Date Signed: | | |
| Completed by Grants.gov upon sub | mission. | |
| Attach supporting documents as sp Add Attachments Delete Attachm | AND THE PROPERTY OF THE PROPER | |

| APPLICATION FOR | | O DATE OUDMITTED | | 10 11 | Version 7/03 |
|---|---|---|---|--|---|
| FEDERAL ASSISTANCE | | 2. DATE SUBMITTED 6/18/07 | | Applicant Ide | ntifier |
| 1. TYPE OF SUBMISSION: Application | Pre-application | 3. DATE RECEIVED BY | STATE | State Applica | tion Identifier |
| Construction | Construction | 4. DATE RECEIVED BY | FEDERAL AGE | Federal Iden | ifier |
| Non-Construction 5. APPLICANT INFORMATION | ☑ Non-Construction | | | | · |
| Legal Name: | | | Organizationa | al Unit: | |
| County of Fresno | | | Department: Department of | Public Works and Pla | ınning |
| Organizational DUNS: 078787397 | | | Division: Community De | evelonment | |
| Address: | | W. C. | | | erson to be contacted on matters |
| Street: | | *************************************** | involving this | application (give ar | |
| 2220 Tulare Street, 8th Floor | | | Prefix: Ms. | First Name: Rebecca | |
| City: Fresno | | | Middle Name | | |
| County: Fresno | | | Last Name Madrigal | | |
| State: CA | Zip Code 93721 | | Suffix: | | |
| Country: U.S.A. | | | Email: rxmadrigal@co | o freeno ca us | |
| 6. EMPLOYER IDENTIFICATION | N NUMBER (EIN): | | *************************************** | (give area code) | Fax Number (give area code) |
| 94-6000512 | , , , , , , , , , , , , , , , , , , , | | (559) 262-4292 | , | (559) 488-3940 |
| 8. TYPE OF APPLICATION: | | | 7. TYPE OF AI | PPLICANT: (See bac | k of form for Application Types) |
| ✓ New If Revision, enter appropriate letter | | Revision | B County | | |
| (See back of form for description | of letters.) | | Other (specify) | | |
| Other (specify) | | | 9. NAME OF F U.S.D.A. Rural | EDERAL AGENCY: | |
| 10. CATALOG OF FEDERAL D | OMESTIC ASSISTANC | E NUMBER: | | IVE TITLE OF APPLI | CANT'S PROJECT: |
| | | | | | tion Project in rural Fresno County |
| TITLE (Name of Program): | | 1 0 - 4 3 3 | Owner-Occupi | ed Hodsing Nenabilita | non rojectim dia Presno County |
| Housing Preservation Grant | | | | | |
| 12. AREAS AFFECTED BY PRO | | States, etc.): | | | |
| Fresno County unincorporated ru | ıral areas | | | | |
| 13. PROPOSED PROJECT Start Date: | Ending Date: | | | SIONAL DISTRICTS | |
| 10/1/07 | Ending Date: 9/30/09 | | a. Applicant 18, 19, 20, 21 | | b. Project 18, 19, 20, 21 |
| 15. ESTIMATED FUNDING: | | | ODDED 12272 | DDOCESS | REVIEW BY STATE EXECUTIVE |
| a. Federal \$ | | 100,000 | a Yes 🗸 TH | IS PREAPPLICATION | I/APPLICATION WAS MADE |
| b. Applicant \$ | *************************************** | 100,000 | Av. | AILABLE TO THE ST. OCESS FOR REVIEV | ALL EVECOUNE OUDER 15915 |
| c. State \$ | | 00 | DA [*] | TE: June 4, 2007 | |
| d. Local \$ | | . 00 | b. No. 🔟 PR | OGRAM IS NOT COV | ERED BY E. O. 12372 |
| e. Other \$ | | . 00 | ┌ OR | | T BEEN SELECTED BY STATE |
| f. Program Income \$ | | .00 | FOI | R REVIEW PLICANT DELINQUE | NT ON ANY FEDERAL DEBT? |
| g. TOTAL \$ | | .00 | | | 1771 |
| 40. TO THE BEST OF MY (1) | | 200,000 | | attach an explanation | ı |
| 18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF TH | UTHORIZED BY THE G | OVERNING BODY OF THE | HE APPLICANT | APPLICATION ARE T | RUE AND CORRECT. THE NT WILL COMPLY WITH THE |
| a. Authorized Representative Prefix Mr. | First Name | | N | Middle Name | |
| Last Name | Alan | | S | Guffix | |
| Weaver D. Title | | | | . Telephone Number | igiyo aroa codo) |
| Director, Department of Public Wo | | *** | (| 559) 262-4078 | give area code) |
| I. Signature of Authorized Represe | entative | | e | . Date Signed June 12, 2007 | |

APPLICATION FOR

| APPLICATION FOR FEDERAL ASSISTANCE | • | 2. DATE SUBMITTED | Applic | Version 7/03 Applicant Identifier | | | | |
|---|---|--|---|--|---|---------------------|--|--|
| • | | | | | | | | |
| 1. TYPE OF SUBMISSION: Application | Pre-application | 3. DATE RECEIVED BY | State | State Application Identifier | | | | |
| ☐ Construction | ☐ Construction | 4. DATE RECEIVED B | Y FEDERAL AGEN | NCY Feder | Y Federal Identifier | | | |
| Non-Construction 5. APPLICANT INFORMATION | ✓ Non-Construction | | | | | | | |
| Legal Name: | | * | Organizational | Unit: | | W | | |
| Yolo Mutual Housing Association | n | | Department: NA | | | | , | |
| Organizational DUNS: 023778066 | CONTRACTOR SHOWED AND SHOWED SHOWS TO A STATE OF THE SHOWED SHOWS TO SHOW SHOWS THE SHOW SHOW SHOW SHOW SHOW SHOW SHOW SHOW | AND THE PROPERTY OF THE PROPER | Division: | | *************************************** | | | |
| Address: | - REC | IVED + | NA Name and tele | phone numb | er of pe | rson to be | contacted on matters | |
| Street: 430 F Street | | 1 2007 | involving this a | application (| give are | a code) | | |
| | JUN 1 | 1 2007 | Prefix: | First N (Eliza | | | | |
| City: Davis | | ania de la constanta de la con | Middle Name Kim | | | | | |
| County: Yolo | STATE CLE | ARING HOUSE | Last Name Coontz | | | | | |
| State: CA | Zip Code 95616 | | Suffix: Ms. | | | | | |
| Country: USA | | | Email: yolomha@sbcg | ulobal net | | | | |
| 6. EMPLOYER IDENTIFICATIO | N NUMBER (EIN): | | Phone Number | | <u></u> | Fax Numl | ber (give area code) | |
| 68-0386360 |] | | 530/297-1032 | | | 530/297- | 1033 | |
| 8. TYPE OF APPLICATION: | | | 7. TYPE OF AP | PLICANT: (| See back | c of form fo | or Application Types) | |
| V New | | n Revision | Not for Profit Co | orporation | | | | |
| If Revision, enter appropriate lette (See back of form for description | | | Other (specify) | | | | | |
| Other (specify) | Ш | | | 9. NAME OF FEDERAL AGENCY: Rural Business Cooperative Services, USDA | | | | |
| 10. CATALOG OF FEDERAL D | OMESTIC ASSISTANC | E NUMBER: | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: | | | | | |
| | | 1 0 - 7 7 1 | Promoting and Sustaining Rural Cooperative Development. | | | | | |
| TITLE (Name of Program): R | CDG- | المسا المسا المسا المسا | Advancing Com Rural Economie | | | | | |
| 12. AREAS AFFECTED BY PR | OJECT (Cities, Counties | , States, etc.): | Advancing Cooperative Through Rural Cooperative Development | | | | | |
| Statewid | e | | Development | | | | | |
| 13. PROPOSED PROJECT | | | 14. CONGRESSIONAL DISTRICTS OF: | | | | | |
| Start Date: 12/1/07 | Ending Date: // /. | 30/00 | a. Applicant 1st District, Mike | e Thompson | | b. Project Misc. | Statewide | |
| 15. ESTIMATED FUNDING: | | " | 16. IS APPLICA ORDER 12372 I | | ECT TO | REVIEW E | BY STATE EXECUTIVE | |
| a. Federal \$ | 197 | 3.805 ·" | a Ves IV THI | IS PREAPPLI | | | TION WAS MADE CUTIVE ORDER 12372 | |
| b. Applicant \$ | | 27 800. | | OCESS FOR | | | OTIVE ORDER 12372 | |
| c. State \$ | | 7,000 | DA ⁻ | TE: 6/ | 8/0 | 7 | | |
| d. Local \$ | | .00 | b. No. 🔲 PRO | OGRAM IS N | OT COV | ERED BY | E. O. 12372 | |
| e. Other \$ | | 21070 | d → □ OR | | HAS NO | T BEEN SI | ELECTED BY STATE | |
| f. Program Income \$ | | 51,070 | | R REVIEW PLICANT DEI | INQUE | NT ON AN | Y FEDERAL DEBT? | |
| g. TOTAL \$ | | 00 / 00 | —————————————————————————————————————— | -#b | _1 | | ☑ No | |
| 18. TO THE BEST OF MY KNO | | 675 ALL MATA IN THIS AD | Yes If "Yes" | | | - | | |
| DOCUMENT HAS BEEN DULY. | AUTHORIZED BY THE | GOVERNING BODY OF | | | | | | |
| ATTACHED ASSURANCES IF 1 a. Authorized Representative | THE ASSISTANCE IS A | WARDED. | | | | | | |
| Prefix | First Name (Elizabeth) | | | Middle Name Kim | | | | |
| Last Name Coontz | 1.5.1.1.1.1.7 | 3-3-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4 | 5 | Suffix Ms. | | | | |
| b. Title | | | c | . Telephone I | | (give area c | ode) | |
| Executive Director d. Signature of Authorized Repre | | 530/297-1032 e. Date Signed | | | | | | |
| | C. Xim | Coast | | | 6, | 18/1 | 7 7 Sept. 424 (Day 0.0000) | |
| Previous Edition Usable Authorized for Local Reproduction | n | V | | | - | Prescribe | d Form 424 (Rev.9-2003) d bv OMB Circular A-102 | |

PART I - FACE SHEET

| APPLICATION FOR F | CUCKAL A | 10010 ANUE | Non-Construction | | | | |
|--|--|--|---|--|--|--|--|
| . DATE SUBMITTED TO CORPORATION OR NATIONAL AND COMMUNITY RVICE (CNCS): | ONAL AND COMMUNITY CNCS): | | | ATION IDENTIFIER: | | | |
| 04/12/07 , APPLICATION ID: | 4, DATE RECEIV | /EO: | GRANT NUMB | ER: | | | |
| 07SR076029 | 04/12/07 | | 065RPCA024 | | | | |
| APPLICATION INFORMATION | .1443 | | | | | | |
| GAL NAME: County of San Jonquin JNS NUMBER: DDRESS (give street address, city, state an P.O. Box 201056 Stockton CA 95201 - 3006 EMPLOYER IDENTIFICATION NUMBER (| | PERSON GIFTO CODE NAME: O TELEPHO FAX NUM INTERNE | TO BE CONTACTED O s): livia J. Briesmeister NE NUMBER: (209) 46 BER: (209) 468-2207 | ATION FOR PROJECT DIRECTOR OR OTHER NI MATTERS INVOLVING THIS APPLICATION (givensesses and continued | | | |
| 946000531 TYPE OF APPLICATION: NEW X CONTIL REVISION Revision, enter appropriate letter(s) in box(| | 7b. Area / | Agency on Aging | RECEIVED JUN 1 2 2007 STATE CLEARING HOUSE | | | |
| OB. CATALOG OF FEDERAL DOMESTIC AS OB. TITLE: Rolling and Senior Volunitors Pr 2. AREAS AFFECTED BY PROJECT (List of Stockton contains the largest population of ap industrial/business section of San Jonquin Con | ogram Citios, Countles, State proximately 271,466, a | R: 84.002 11. DESC RSVF 95, c(c): nd is the central | RIPTIVE TITLE OF AP | ational and Community Service | | | |
| 13. PROPOSED PROJECT; START DATE: (|)7/01/06 END | DATE: 06/30/09 14, PERF | ORMANCE PERIOD: | START DATE: END DATE: | | | |
| 5. ESTIMATED FUNDING: | | 16. IS AF | PLICATION SUBJECT | TO REVIEW BY STATE EXECUTIVE | | | |
| 15. ESTIMATED FUNDING: 8. FEDERAL \$ 60,447.00 5. APPLICANT \$ 40.696.00 c. STATE \$ 0.00 | | | ORDER 12372 PROCESS? VES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 20-APR-07 | | | | |
| d, LOCAL | \$ 40,696.00 | | | | | | |
| e, OTMER | \$ 0.00 | · | | AUSTRALIA DE ANNO ESPERAL RESTA | | | |
| 1, PROGRAM INCOME | 20,0 | 17, IS Th | | QUENT ON ANY FEDERAL DEBT? Sitach an explanation. X NO | | | |
| g. TO THE BEST OF MY KNOWLEDGE AN | \$ 101,143.00 ND BELIEF, ALL DAT BODY OF THE API | A IN THIS APPLICATION/PREA | PPLICATION ARE TRU | JE AND CORRECT, THE DOCUMENT HAS BEEN THE ATTACHED ASSURANCES IF THE ASSISTA | | | |
| | | | | c. TELEPHONE NUMBER; | | | |
| IS AWARDED. | SENTATIVE: | b, TITLE: | | I | | | |
| DULY AUTHORIZED BY THE GOVERNING IS AWARDED. B. TYPED NAME OF AUTHORIZED REPRE Joseph & Chelli | ESENTATIVE: | b, TITLE: Director | | (209) 468-1000 | | | |

| APPLICATION FOR | | | OMB Appr | roved No. | 6- | -0006 Applicant Iden | tifier | Version 7/03 |
|---|---|----------------|---------------------------------------|---|------------------------------|-----------------------------|---------------|-------------------------------|
| FEDERAL ASSISTANCE | | | | | | | | |
| 1. TYPE OF SUBMISSION: Application | Pre-applicati | on | 3. DATE RECEIVED BY | | State Application Identifier | | | |
| ☑ Construction | Construc | | 4. DATE RECEIVED BY | FEDERAL AGE | NCY | Federal Identif | ier | |
| Non-Construction | Non-Cons | | | | | | | |
| 5. APPLICANT INFORMATION | | | | TA | | | | |
| Legal Name: | | | | Organizationa Department: | ii Unit: | | | A-1, |
| LEMOORE PACIFIC ASSOCIA | TES, A CA LIN | IITED PAF | RTNERSHIP | a California Lir | nited Pa | ırtnership | | |
| Organizational DUNS: | | | | Division: | | | | |
| Address: | | | | | | ntacted on matters | | |
| Street: 430 East State Street, Suite 100 |) | RE | CEIVED | Prefix: | арриса | First Name: Margo | a code) | |
| City: Eagle | | | N 1 2 2007 | Middle Name E. | | | | |
| County: Canyon | | | 1 | Last Name Swedberg | | | | |
| State: Idaho | Zip Code 83616 | STATE | CLEARING HOUSE | Suffix: Gar-Mar Assoc | ciates | | | |
| Country: USA | | | | Email: garmar@ncbb | .net | | | |
| 6. EMPLOYER IDENTIFICATION | N NUMBER (| EIN): | | Phone Number | r (give ar | ea code) | Fax Number | (give area code) |
| | | | | 530/823-9250 | | | 530/823-216 | 9 |
| 8. TYPE OF APPLICATION: | | | | 7. TYPE OF A | PPLICA | NT: (See back | of form for A | pplication Types) |
| | | ntinuatior | n Revision | M - Profit Orga | nization | 1 | | |
| (See back of form for description | | ,, | П | Other (specify) | | | | |
| Other (specify) (Federal Tax ID number has not | heen received | l as vet) | | 9. NAME OF FEDERAL AGENCY: United State Department of Agriculture-Rural Development | | | | |
| 10. CATALOG OF FEDERAL I | | | E NUMBER: | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: | | | | |
| TITLE (Name of Program): Rural Rental Housing program 9 | Montgomery Crossing Apartments: Affordable multi-family rental housing apartment project; 57 total units consisting of 24/2-bdrm, 24/3-bdrm, & 8/4-bdrm units to be built on approximate 3.53 acres located at 680 South 19th Avenue, Lemoore, Kings County, California | | | | | | | |
| Lemoore, Kings County, Califor | • | s, Counties | , Glales, etc.). | | | | | |
| 13. PROPOSED PROJECT | | | | 14 CONGRES | SIONA | L DISTRICTS (| OF: | |
| Start Date: | Ending Dat | | · · · · · · · · · · · · · · · · · · · | a. Applicant | 010117 | | b. Project | |
| 10-01-2007 15. ESTIMATED FUNDING: | 10-01-200 | 8 | | District #17 | ATION | | District #17 | STATE EXECUTIVE |
| 15. ESTIMATED FUNDING: | | | | ORDER 12372 | PROCE | SS? | | |
| a. Federal \$ USDA-Rural Development | | | 1,000,000 | | | APPLICATION E TO THE STA | | N WAS MADE IVE ORDER 12372 |
| b. Applicant \$ 2% Equity Contribution | | | 281,530 · | PF | ROCESS | S FOR REVIEV | VON | |
| c. State Tax Credit Value | | | 9,709,961 |] DA | ATE: Ju | ne 11, 2007 | | |
| d. Local \$ Permenent Loan | | | 1,600,000 | D. No. | | M IS NOT COV | | |
| e. Other \$ RDA Funds | | 5754414414-14P | 1,200,000 | FC FC | R REV | IEW | | CTED BY STATE |
| f. Program Income Deferred Dev.Fees | | | 285,000 | 17. IS THE AP | PLICA | NT DELINQUE | NT ON ANY F | EDERAL DEBT? |
| g. TOTAL \$ | | | 14,076,491 | Yes If "Yes | " attach | an explanation | | No No |
| 18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF | AUTHORIZE | BY THE | GOVERNING BODY OF 1 | | | | | |
| a. Authorized Representative | | | | | a a: _1 -1 | N | | |
| Prefix First Name Caleb | | | | | Middle J. | name | | |
| Last Name Roope, Manager for: | | Suffix | | | | | | |
| b. Title Roope, LLC, General Partner | | | | c. Telephone Number (give area code) 208/461-0022 x3015 | | | | |
| d. Signature of Authorized Repre | sentative | | | e. Date Signed June 11, 2007 | | | | |
| Previous Edition Usable | | | | | | ., | Standard Fo | orm 424 (Rev.9-2003) |

Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

| FEDERAL ASSISTAN | | | | 1 | Identifier |
|--|---|---|---|--|--|
| 1. TYPE OF SUBMISSION: Application | Pre-application | J. DATE RECEIVE | D BY STATE | State App | Acation Identifier |
| Construction | Construction | 4. DATE RECEIVE | D BY FEDERAL AGEN | Y Federal Id | lentifier |
| Non-Construction 6. APPLICANT INFORMATI | Non-Comstruction | <u>. </u> | | | |
| Legal Name: | VII. | | Organizational (| OH- | |
| Acta Community Developme | nt | | Depurtment | IIIL | |
| Organizational DUNS: | | | Division: | | |
| Address: | | | | | 1 |
| Street: 1034 66th Ave. | | | involving this an | one number of plication (give : | person to be contacted on ma |
| | | | Prefix: | First Name Charlene | X |
| City: Deildend | | | Middle Name | Crianania | |
| cumby; Varneda | | | Last Name | | |
| tate: | Zip Code 84621 | | Suffix | | |
| ountry: | 84821 | | | | |
| | | | Email: cjackson @actatulk | oo jeden | |
| EMPLOYER IDENTIFICAT | | | Phone Number (give | area code) | Fax Number (give area code) |
| 10-000355 | 2 | _ | (510) 667-1300 | • | A Miss (469 CODS) |
| TYPE OF APPLICATION: | | | 7. TYPE OF APPL | CANT: (See he | ack of form for Application Types) |
| Revision, enter appropriate to | | n C Revision | 0 | , | · · · · · · · · · · · · · · · · · · · |
| back of form for description | o of legica") | | Other (specify) | • | • |
| | | □ . | | | |
| her (Roncify) | • | | | | |
| | · | | 9. NAME OF FEDE | RAL AGENCY: | |
| her (specify) CATALOG OF FEDERAL | DOMESTIC ASSISTANC | E NUMBER; | _ US Department of H | lousing & Urbar | Devalorment |
| CATALOG OF FEDERAL | DOMESTIC ASSISTANC | E NUMBER: | 11. DESCRIPTIVE 1 | TILE OF APPL | Development JCANT'S PROJECT: |
| CATALOG OF FEDERAL | | 14-157 | 11. DESCRIPTIVE 1 | TILE OF APPL | Devalorment |
| CATALOG OF FEDERAL TLE (Name of Program): AREAS AFFECTED BY PR | IOJECT (Cities, Counties, | 14-157 | 11. DESCRIPTIVE 1 Construction of 63 of persons and one, two | TILE OF APPL | Development JCANT'S PROJECT: |
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| CATALOG OF FEDERAL FILE (Name of Program): AREAS AFFECTED BY PR Y of Celdand, County of Alex PROPOSED PROJECT IT Date: 12008 ESTIMATED FUNDING: Federal Oplicant | ROJECT (Cities, Countles, neda, California Ending Date: 1/1/2049 | 54-157 Sintes, etc.): 8,390,400 | 14. CONGRESSION 14. CONGRESSION 14. CONGRESSION 14. CONGRESSION 15. IS APPLICATION ORDER 12372 PROCES 16. Yes. Z. THIS PROCES OATE: | AL DISTRICTS S FOR REVIEW | Development ICANT'S PROJECT: Its of low-income housing for eldedent, in Oaldend, OF: D. Project B. Project B. Project B. Project B. Project CAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372 V.ON |
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| Application for | Federal Assis | tance (| SF-424 | | | | | | Version | 02 |
|-------------------------|---------------------|-------------|--|---|----------------------|--|--|---|-------------|----|
| * 1. Type of Submiss | ion: | • 2. Typ | ne of Application: | " If Revision | select appropriate | letter(s): | | | | |
| Preapplication | | V New | , | | *41/1 | Hu. | | | | |
| Application | | Con | tinuation | * Other (Spe | cify) | | | | | |
| ☐ Chariged/Correcte | ed Application | ∏ Revi | noisi | | 115.45 44-11 | | | | | |
| * 3. Date Received: | | 4. Appil | cant Identifier: | | | | | | , | |
| Completed by Grants.gov | upan submission. | | | | | | | | | |
| 5a, Federal Entity Ide | ntifier: | | | * 5b. Fed | leral Award Identifi | ler: | | , | | |
| | | | | | | | 4 - 17 | | | |
| State Use Only: | | | | | , | | 4 | | | |
| 6. Date Received by | State: | | 7. State Application | on Identifier: | | | - | | | |
| 8. APPLICANT INFO | RMATION: | | | | | | | | | |
| a. Legal Name; Cl | nristian Church Ho | mes of N | orthern California | | - WT | | | | | |
| b. Employer/Taxpay | er Identification N | lumber (E | EIN/TIN): | · c. Orga | nizalional DUNS: | | | | | |
| 680235719 | 7 7 (W | | | 0762929 | 45 | | | | | |
| d. Address: | | | | | | | | | | |
| - Street1: | 303 Hegenberge | r Road, S | Sulte 201 | a)ii | | - | | | | |
| Street2: | | | , , , , , , , , , , , , , , , , , , , | | | | | | | |
| * Cily: | Oakland | | | | | | | | | |
| Caunty: | | | A | . , , , , , , , , , , , , , , , , , , , | | | | | | |
| * State: | | | | | CA: California | | No. 1 and 1 | | | |
| Province: | | | | | | | | | | |
| " Country: | | | | USA: UNITE | D STATES | management of part of the second | | | | |
| * ZIp / Postal Code: | 94621 | | , P | | | | | | | |
| e. Organizational U | Init: | | | | | | | | | |
| Department Name: | | | | Division | Name: | | | | | |
| | | | | | | | French 1 among Amen of Chinese Andrews | | | |
| f. Name and contac | t information of | person t | o be contacted or | matters inv | ilqqa eldt pnivlo | cation: | | | | |
| Prefix; | | | * First Na | me; Bill | | | | | HARLING CO. | |
| Middle Name: | | | | | | | - day Abe (A | | | |
| * Last Name: Picke | al . | | | | | | | , | | |
| Suffix: | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ,1, | | | | • | | |
| Title: Director of De | evelopment | | | | | | | | | |
| Organizational Affilia | lion: | | | | | | | | | |
| | | | | nggapan maggapan paganisan ang pa | | and the state of t | V model become profite and the Alcotte | | | |
| * Telephone Number: | 510-746-4121 | | | | Fax Number: | 510-746-4203 | | | .4.A' | |
| * Emall: bplckel@ | echne.org | | | | | | | | | |

PAGE 03

| Application for Federal Assistance SF-424 | Version 02 |
|---|------------|
| 9. Type of Applicant 1: Select Applicant Type: | |
| M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) | |
| Type of Applicant 2: Select Applicant Type: | |
| Type of Applicant 3: Select Applicant Type: | |
| · · · · · · · · · · · · · · · · · · · | |
| * Other (specify); | |
| * 10. Name of Federal Agency: | |
| US Department of Housing and Urban Development | |
| us bepartment of nousing and orban bevelopment | |
| 11. Catalog of Fodoral Domestic Assistance Number: 14.157 | |
| CFDA Title: | |
| Supportive Housing for the Elderly | |
| * 12. Funding Opportunity Number: | |
| FR-5100-N-07 | |
| * Title: | |
| Section 202 Supportive Housing for the E | |
| | |
| | |
| | |
| 13. Competition Identification Number: | |
| S202-07 | |
| Title: | |
| | |
| | |
| | |
| 14. Areas Affected by Project (Cities, Counties, States, etc.): | |
| City of Oakland, Alameda County, California | |
| City of Carland, Alameda County, Camornia | |
| · | |
| | |
| * 15. Descriptive Title of Applicant's Project: | |
| Development of 64 new units of housing for low-income elderly persons in Oakland, CA. | |
| · | |
| | |
| Attach supporting documents as specified in agency instructions. | |
| Add Attachments Delete Attachments Wiew Attachments | |

| Application | for Federal Assistan | ce SF-424 | Version 02 |
|---|-----------------------------------|--|---|
| 16. Congression | nal Districts Of: | | |
| * a. Applicant | 9 | | b. Program/Project 9 |
| Attach an addition | onal list of Program/Project | Congressional Districts if nee | eeded. |
| | | Add Attachment | re Attachment View Attachment |
| 17. Proposed P | roject: | | |
| * a. Start Date: | D1/01/2009 | , | * b. End Date: 01/01/2049 |
| 18. Estimated F | Funding (\$): | | |
| * a. Federal | | 8,390,400.00 | |
| * b, Applicant | | 0.00 | |
| " c. State | | 0.00 | |
| d. Local | | 6,032,000.00 | • |
| e, Other | | 0.00 | • |
| * f. Program Inc | come | 0.00 | · |
| " g. TOTAL | | 14,422,400.00 | • |
| a. This applic b. Program is c. Program is 20. Is the App Yes 21. *By signing herein are true comply with ar may subject me | tifications and assurances, ions. | has not been selected by the 2. Federal Debt? (If "Yea", planation (1) to the statements contate the best of my knowled sept an award. I am aware ninistrative penalties. (U.S.) | tive Order 12372 Process for review on 06/11/2007 ne State for review. |
| | | 7 | |
| Prefix: Middle Name: | | * First Name: | |
| * Last Name: | МсСгеагу | | |
| Suffix: | | | |
| * Title: Presid | enVCEO | | |
| * Telephone Nun | nber: 510-632-6712 | | Fax Number; 510-632-6704 |
| Email: dmcc | creary@cchnc.org | - | |
| * Signature of Au | uthorized Representative: | Completed by Granta.gov upon sul | ubmission. * Date Signed: Completed by Grants, gov upon submission. |

OMB Number: 4040-0004

| Applicati | on for Federal Assi | Stance SE 424 | | Expiration Date: 01/31/200 |
|-----------------|----------------------------|---------------------------|--|--|
| | | | | Version 0 |
| Preapplic | Submission: | * 2. Type of Application: | * If Revision, select appropriate letter(s): | |
| ✓ Application | | ✓ New | | |
| | | Continuation | * Other (Specify) | |
| | Corrected Application | Revision | | |
| * 3. Date Red | | 4. Applicant Identifier: | | |
| Completed by G | rants.gov upon submission. | | | |
| 5a. Federal E | intity Identifier: | | * 5b. Federal Award Identifier: | |
| | | | The state of the s | |
| State Use Or | nly: | | | |
| 6. Date Recei | ved by State: | 7. State Application | A Lide auto | |
| | T INFORMATION: | 7. State Application | i identiner; | A CONTRACTOR OF THE PROPERTY O |
| | | | | The second of th |
| | ne: CITY OF RIVERSIDE | | | H to best on |
| | Taxpayer Identification Nu | mber (EIN/TIN): | * c. Organizational DUNS: | JUN 1 2 2007 |
| 95-6000769 | | | | TABING HOUSE |
| . Address: | | | | STATE CLEARING HOUSE |
| Street1: | 3900 Main Street | | | A STATE OF THE STA |
| Street2: | | | | |
| City: | Riverside | | | |
| County: | Riverside | | | |
| State: | | | CA: California | |
| Province: | | | GA. California | |
| Country: | | Us | GA: UNITED STATES | |
| (ip / Postal Co | ode: 92522 | | ON ONITED GIATES | |
| Organizatio | nal Unit: | | | |
| partment Nar | ne: | | District No. | |
| VERSIDE PO | LICE DEPARTMENT | | Division Name: | · . |
| | | | MANAGEMENT SERVICES | |
| r- | vis. | 7 | atters involving this application: | |
| dle Name: | | * First Name: | Patty | |
| L_ | Tambe | | | |
| ffix; | | | | |
| | anagement Analyst | | | |
| | | | | |
| anizational Af | | | | |
| | ent and Administration | | | |
| | ber: 951-826-5869 | | | |
| iepnone Num | 001 020-3009 | | Fax Number: 951-826-5360 | |

| Application for Federal Assistance SF-424 9. Type of Applicant 1: Select Applicant Type: | Version |
|--|------------|
| | |
| C: City or Township Government Type of Applicant 2: Select Applicant Type: | |
| | |
| G: Independent School District Type of Applicant 3: Select Applicant Type: | |
| The state of the s | |
| Other (specify): | |
| | • |
| 10. Name of Federal Agency: | |
| ommunity Oriented Policing Services | |
| 1. Catalog of Federal Domestic Assistance Number: | |
| Number: | |
| FDA Title: | · |
| | |
| | |
| 2. Funding Opportunity Number: | |
| DPS-SOS-2007-1 | |
| itle: | |
| cure Our Schools | |
| | |
| | |
| Composition In any | |
| Competition Identification Number: | |
| | |
| | |
| | |
| | |
| | |
| Areas Affected by Project (Cities, Counties, States, etc.): | |
| of Riverside | |
| | |
| | |
| Descriptive Title of Applicant's Project: | |
| | |
| | systems to |
| phase project between Riverside Police Department and Riverside Unified School District to install additional surveillance ase school safety and security. | |
| ase school safety and security. | |
| ase school safety and security. A supporting documents as specified in agency instructions. | |

OMB Number: 4040-0004

| 16. Congressional Districts C | Of: | | Version |
|--|--|--|---|
| * a. Applicant 44 | | ** " | |
| Attach an additional list of Proc | gram/Project Congressional Districts | * b. Program/Project | 44 |
| | | | |
| 17. Proposed Project: | And Allachment | wikite Affactionian West Attaching to a | |
| * a. Start Date: 09/01/2007 | 1 | | |
| 18. Estimated Funding (\$): | | * b. End Date; | 08/31/2009 |
| | | | |
| a. Federal | 125,400.00 | | |
| b. Applicant | 0.00 | | |
| c. State | 0.00 | | |
| d. Local | 125,400.00 | | |
| e. Olher | 0.00 | | |
| f. Program Income | 0.00 | | |
| g. TOTAL | 250,800.00 | | |
| c. Program is not covered by E | i.O. 12372 at On Any Federal Debt? (If "Yes" | | 06/13/2007 |
| c. Program is not covered by E 0. Is the Applicant Delinquer Yes No *By signing this application, rein are true complete and | it On Any Federal Debt? (If "Yes" Framanshire L certify (1) to the statements cor | the State for review. , provide explanation.) | (2) Should be a facility |
| c. Program is not covered by E 0. Is the Applicant Delinquer Yes No *By signing this application, ein are true, complete and a apply with any resulting terms | in the contract of the statements contract to the best of my knowledge. | the State for review. , provide explanation.) ntained in the list of certifications** and edge. I also provide the required assure | (2) Should be a facility |
| c. Program is not covered by E o. Is the Applicant Delinquer Yes No By signing this application, rein are true, complete and a poly with any resulting terms of subject me to criminal, civil | in the contract of the statements contract to the best of my knowledge. | the State for review. , provide explanation.) | (2) Should be a facility |
| c. Program is not covered by E 0. Is the Applicant Delinquer Yes No *By signing this application, ein are true, complete and a apply with any resulting terms y subject me to criminal, civital targets. | it On Any Federal Debt? (If "Yes" Framasism I certify (1) to the statements concurate to the best of my knowles if I accept an award. I am aware il, or administrative penalties. (U. | the State for review. , provide explanation.) ntained in the list of certifications** and edge. I also provide the required assure that any false, fictitious, or fraudulent s. Code, Title 218, Section 1001) | (2) that the statements ances** and agree to statements or claims |
| c. Program is not covered by E D. Is the Applicant Delinquer Yes No *By signing this application, ein are true, complete and a nply with any resulting terms y subject me to criminal, civity I AGREE the list of certifications and assocific instructions. | it On Any Federal Debt? (If "Yes" Framasism I certify (1) to the statements concurate to the best of my knowles if I accept an award. I am aware il, or administrative penalties. (U. | the State for review. , provide explanation.) ntained in the list of certifications** and edge. I also provide the required assure | (2) that the statements ances** and agree to statements or claims |
| c. Program is not covered by E 0. Is the Applicant Delinquer Yes No *By signing this application, ein are true, complete and a nply with any resulting terms y subject me to criminal, civital Indications and associated instructions. | it On Any Federal Debt? (If "Yes" Franchism I certify (1) to the statements consecurate to the best of my knowles if I accept an award. I am aware il, or administrative penalties. (U. | the State for review. The provide explanation.) Intained in the list of certifications** and adge. I also provide the required assure that any false, fictitious, or fraudulent is. Code, Title 218, Section 1001) The provide explanation. | (2) that the statements ances** and agree to statements or claims |
| c. Program is not covered by E O. Is the Applicant Delinquer Yes | it On Any Federal Debt? (If "Yes" Framasism I certify (1) to the statements consciurate to the best of my knowles if I accept an award. I am aware il, or administrative penalties. (U. | the State for review. The provide explanation.) Intained in the list of certifications** and adge. I also provide the required assure that any false, fictitious, or fraudulent is. Code, Title 218, Section 1001) The provide explanation. | (2) that the statements ances** and agree to statements or claims |
| c. Program is not covered by E 0. Is the Applicant Delinquer Yes No *By signing this application, ein are true, complete and a nply with any resulting terms of the subject me to criminal, civit is a large to the list of certifications and associate instructions. **I AGREE he list of certifications and associate instructions. **Inorized Representative: Mr. Mr. | it On Any Federal Debt? (If "Yes" Franchism I certify (1) to the statements consecurate to the best of my knowles if I accept an award. I am aware il, or administrative penalties. (U. | the State for review. The provide explanation.) Intained in the list of certifications** and adge. I also provide the required assure that any false, fictitious, or fraudulent is. Code, Title 218, Section 1001) The provide explanation. | (2) that the statements ances** and agree to statements or claims |
| c. Program is not covered by E O. Is the Applicant Delinquer Yes | it On Any Federal Debt? (If "Yes" Franchism I certify (1) to the statements consecurate to the best of my knowles if I accept an award. I am aware il, or administrative penalties. (U. | the State for review. The provide explanation.) Intained in the list of certifications** and adge. I also provide the required assure that any false, fictitious, or fraudulent is. Code, Title 218, Section 1001) The provide explanation. | (2) that the statements ances** and agree to statements or claims |
| c. Program is not covered by E 0. Is the Applicant Delinquer Yes No *By signing this application, rein are true, complete and a reply with any resulting terms by subject me to criminal, civil and the list of certifications and assocific instructions. **I AGREE the list of certifications and assocific instructions. thorized Representative: Mr. | it On Any Federal Debt? (If "Yes" Franchism I certify (1) to the statements consecurate to the best of my knowles if I accept an award. I am aware il, or administrative penalties. (U. | the State for review. The provide explanation.) Intained in the list of certifications** and adge. I also provide the required assure that any false, fictitious, or fraudulent is. Code, Title 218, Section 1001) The provide explanation. | (2) that the statements ances** and agree to statements or claims |
| c. Program is not covered by E 0. Is the Applicant Delinquer Yes No *By signing this application, rein are true, complete and a reply with any resulting terms of the subject me to criminal, civil and the subject me to | E.O. 12372. Int On Any Federal Debt? (If "Yes" Franchism I certify (1) to the statements consecurate to the best of my knowles if I accept an award. I am aware il, or administrative penalties. (U.) Trances, or an internet site where you remark the site of the statements compared to the best of my knowles if I accept an award. I am aware il, or administrative penalties. (U.) | the State for review. Interpolation, provide explanation.) Intained in the list of certifications** and edge. I also provide the required assure that any false, fictitious, or fraudulent S. Code, Title 218, Section 1001) It may obtain this list, is contained in the action of the section 1001. | (2) that the statements ances** and agree to statements or claims |
| c. Program is not covered by E 0. Is the Applicant Delinquer Yes No *By signing this application, rein are true, complete and a reply with any resulting terms of the subject me to criminal, civit is a list of certifications and assocific instructions. **I AGREE the list of certifications and assocific instructions. thorized Representative: Mr. | 12372 but has not been selected by E.O. 12372. Int On Any Federal Debt? (If "Yes" Franchism I certify (1) to the statements consecurate to the best of my knowles if I accept an award. I am aware il, or administrative penalties. (U.) Trances, or an internet site where you remark the statements of the statements core in the statements of the statemen | the State for review. The provide explanation.) Intained in the list of certifications** and adge. I also provide the required assure that any false, fictitious, or fraudulent is. Code, Title 218, Section 1001) The provide explanation. | (2) that the statements ances** and agree to statements or claims |
| c. Program is not covered by E 0. Is the Applicant Delinquer Yes No *By signing this application, rein are true, complete and a supply with any resulting terms y subject me to criminal, civit* I AGREE the list of certifications and assocific instructions. horized Representative: ix: Mr. itle Name: M. DeSantis x: | it On Any Federal Debt? (If "Yes" Francision I certify (1) to the statements consecurate to the best of my knowles if I accept an award. I am aware it, or administrative penalties. (U. urances, or an internet site where you should be seen to the statements consecurate to the best of my knowles if I accept an award. I am aware it, or administrative penalties. (U. urances, or an internet site where you should be seen to the statements of the statement of the statements of the statement of the st | the State for review. In provide explanation.) Intained in the list of certifications** and edge. I also provide the required assure that any false, flotitious, or fraudulent. S. Code, Title 218, Section 1001) Thomas Thomas | (2) that the statements ances** and agree to statements or claims |

MERCY HOUSING

| Application for Federal Assistar | nce SF-424 | | Expiration | Date: 01/31/2009 Version 02 |
|--|---|------------------------------------|---------------------------|--------------------------------|
| *1. Type of Submission: | *2. Type of Applica | tion * If Revision sele | ect appropriate letter(s) | |
| → □ Preapplication | ⊠ New | ii i toviolori, ook | ou appropriate letter(s) | |
| ☑ Application | ☐ Continuation | *Other (Specify) | | |
| ☐ Changed/Corrected Application | Revision | | _ ··· | |
| 3. Date Received: 4. | Applicant Identifier: | | RECEIVED | |
| 5a. Federal Entity Identifier: | | *5b. Federal Award I | dentifier:JUN 1 2 2007 | |
| State Use Only: | | · . | STATE CLEARING HOUSE | |
| 6. Date Received by State: | 7. State Ap | oplication Identifier: | 1 | |
| 8. APPLICANT INFORMATION: | | | | |
| *a. Legal Name: MERCY HOUSING | CALIFORNIA | | | |
| *b. Employer/Taxpayer Identification N 94-3081666 | lumber (EIN/TIN): | *c. Organizational DL 883200900 | JNS: | |
| d. Address: | | | | |
| *Street 1: 3120 FREE | BOARD DRIVE, STE | . 202 | | |
| Street 2: | | | | |
| *City: WEST SAC | RAMENTO | | | |
| County: YOLO | | | • | |
| *State: CA | | • | | |
| Province: | | | | |
| *Country: <u>USA</u> | | | | • |
| *Zip / Postal Code 95691 | | | | |
| e. Organizational Unit: | | | | |
| Department Name: COMMUNITY DEVELOPMENT | | Division Name: WEST SACRAMENTO | | |
| f. Name and contact information of | persoп to be contact | ted on matters involvin | g this application: | |
| Prefix: MR. | *First Name: [| DAVID | | |
| Middle Name: | • | · | : ' | |
| *Last Name: <u>WILKINSON</u> | *************************************** | | | |
| Suffix: | | • | | |
| Title: DIRECTOR OF COM | MUNITY DEVELOPM | ENT | | |
| Organizational Affiliation: PRIVATE NON PROFIT | | | | |
| *Telephone Number: 916-414-4419 | | Fax Number: 916-41 | 4-4492 | |
| *Email: DWILKINSON@MERCYHOU | SING.ORG | | | |
| | | | | |

OMB Number: 4040-0004

| Application for Federal Assistance SF-424 | Version 02 |
|---|------------|
| *9. Type of Applicant 1: Select Applicant Type: | |
| M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu | |
| Type of Applicant 2: Select Applicant Type: | |
| Type of Applicant 3: Select Applicant Type: | |
| *Other (Specify) | |
| *10 Name of Federal Agency: USDA | |
| 11. Catalog of Federal Domestic Assistance Number: | |
| 10-433 | |
| CFDA Title: Rural Housing Preservation Grants | |
| | |
| *12 Funding Opportunity Number: | |
| USDA-RD-HCFP-HPG-2007 | |
| *Title: HOUSING PRESERVATION GRANT 2007 | |
| HOODING PRESERVATION GRANT 2007 | |
| 13. Competition Identification Number: | |
| | |
| Title: | |
| | |
| | |
| 14. Areas Affected by Project (Cities, Countles, States, etc.): | |
| CITY OF BIGGS | |
| | |
| | |
| 15. Descriptive Title of Applicant's Project: | |
| MERCY HOUSING CALIFORNIA HOUSING PRESERVATION PROGRAM | |
| | |
| | |
| | |
| | |

| Application for Fed | leral Assistance SF-42 | 4 | | | · · | Version 02 |
|---|--|--|--|--|---|----------------------------------|
| 16, Congressional Di | stricts Of: | | | | | |
| *a. Applicant: DISTRI | CT 1 | | *b. Pr | ogram/Project: | DISTRICT 2 | |
| 17. Proposed Projec | t: | | | . , | | |
| *a. Start Date: OCTO | BER 2007 | | | *b. End Date | SEPTEMBER 200 | 08 |
| 18. Estimated Fundin | g (\$): | | | | | |
| *a. Federal | \$100,000.00 | | <u> </u> | | | |
| *b. Applicant | | | | | | • |
| *c. State | | | | | | |
| *d. Local | £405.000.00 | | | | | |
| *e. Other | \$195,000.00 | , | | • | | |
| *f. Program Income . *g. TOTAL | | | • | | | |
| g. TOTAL | \$295,000.00 | | • | | | |
| C. Program is not contact. 20. Is the Applicant II Yes □ N 21. *By signing this applicant are true, complete with any resulting terms me to criminal, civil, or any are sufficient. X** I AGREE | olication, I certify (1) to the set and accurate to the best of I accept an award. I am administrative penalties. (U | al Debt? (If "Yestatements contains of my knowledge aware that any J. S. Code, Title | es", provide lined in the lise. I also prov false, fictitiou 218, Section | explanation.) st of certification vide the require s, or fraudulent 1001) | d assurances** and a statements or claim | agree to comply s may subject |
| Authorized Represent | ative: | | | | | |
| Prefix: | | *First Name: | GREG | | | |
| Middle Name: | | i nocraano. | ONLO | | | |
| *Last Name: SPAR | RKS | · . | · · · · · · · · · · · · · · · · · · · | | | l |
| Suffix: | | | | | • | |
| *Title: VICE PRESIDEN | IT . | | | | | |
| *Telephone Number: 91 | 6-414-4439 | | Fax | Number: 916- | 414-4490 | |
| Email: GSPARKS@M | ERCYHOUSING.ORG | | | | | |
| *Signature of Authorized | Representative: | | | | *Date Signed: JUI | NE 12, 2007 |
| Authorized for Local Repr | oduction | | | | | |

Standard Form 424 (Revised 10/2005) Prescribed by OMB Circular A-102

| Application for I | Federal Assis | stance SF-424 | | Versio | n 02 |
|--|---|--|--|--|---|
| * 1. Type of Submissi Preapplication Application Changed/Correcte | | * 2. Type of Application: New Continuation Revision | * If Revision, select appropriate lette * Other (Specify) | PRECEIVED JUN 1 3 2007 | |
| * 3. Date Received: | | 4. Applicant Identifier: | | STATE CLEARING HOUSE | |
| Completed by Grants.gov | upon submission. | | | The state of the s | *************************************** |
| 5a. Federal Entity Ide | ntifier: | | * 5b. Federal Award Identifier: | | |
| | | | | | |
| State Use Only: | | | | | |
| 6. Date Received by | State: | 7. State Applicati | on Identifier: | | |
| 8. APPLICANT INFO | RMATION: | | | | |
| * a. Legal Name: Ca | abrillo Economic [| Development Corporation | | | |
| * b. Employer/Taxpay | er Identification N | Number (EIN/TIN): | * c. Organizational DUNS: | | |
| 95-3681521 | *************************************** | | 143969368 | | |
| d. Address: | | | | | |
| * Street1: Street2: * City: County: * State: Province: * Country: * Zip / Postal Code: | Ventura Ventura 93003 | are Drive | CA: California USA: UNITED STATES | | |
| e. Organizational U | Jnit: | | | | |
| Department Name: | | | Division Name: | | |
| | | | | | |
| f. Name and contac | t information of | f person to be contacted or | n matters involving this applicati | on: | |
| Prefix: Middle Name: * Last Name: Hard Suffix: | ly | * First Na | ame: Dan | | |
| Title: Project Mana | ger | | | | |
| Organizational Affilia | | oration | | | |
| Cabrillo Economic De | | | | DE) 0.17 1440 | |
| * Telephone Number | | 1 ext.128 | Fax Number: (80 | 05) 647-4419 | |
| * Email: dhardy@ | cabilloedc.org | | | | |

| Application for Federal Assistance SF-424 | Version 02 |
|---|------------|
| 9. Type of Applicant 1: Select Applicant Type: | |
| M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) | Total con |
| Type of Applicant 2: Select Applicant Type: | |
| | |
| Type of Applicant 3: Select Applicant Type: | _ |
| * Other (specify): | |
| | |
| * 10. Name of Federal Agency: | |
| US Department of Housing and Urban Development | |
| 11. Catalog of Federal Domestic Assistance Number: | |
| 14.181 | |
| CFDA Title: | |
| Supportive Housing for Persons with Disabilities | 7 |
| * 12. Funding Opportunity Number: | |
| FR-5100-N-05 | |
| * Title: | |
| Section 811 Supportive Housing for Persons with Disabilities | |
| | |
| | |
| 13. Competition Identification Number: | : |
| S811 | |
| Title: | |
| THE. | |
| | |
| | |
| | |
| 14. Areas Affected by Project (Cities, Counties, States, etc.): | |
| Ventura, Ventura County, California | |
| | |
| | |
| * 15. Descriptive Title of Applicant's Project: | |
| Paseo de Luz Apartments: New construction of a 25-unit independent living apartment building in Ventura, California for 24 low-income | |
| persons with chronic mental illness. | |
| | |
| Attach supporting documents as specified in agency instructions. | |
| Add Attachments Delete Attachments View Attachments | |

| Application fo | or Federal Assistan | ce SF-424 | | Version 02 |
|---|--|--|-------------------------------------|---|
| 16. Congressional Districts Of: | | | | |
| * a. Applicant | 24 | | * b. Program/Project | 24 |
| Attach an additional list of Program/Project Congressional Districts if needed. | | | | |
| | | Add Attachment Delet | e Attachment View Attachment | |
| 17. Proposed Pr | oject: | | | |
| * a. Start Date: | 10/01/2007 | | * b. End Date: | 10/01/2010 |
| 18. Estimated Fu | ınding (\$): | | | |
| * a. Federal | | 3,599,131.00 | | |
| * b. Applicant | A-1 | 0.00 | | |
| * c. State | | 0.00 | | |
| * d. Local | | 0.00 | | |
| * e. Other | | 0.00 | | |
| * f. Program Inco | me | 0.00 | | |
| * g. TOTAL | | 3,599,131.00 | | |
| b. Program is c. Program is * 20. Is the Appl Yes 21. *By signing therein are true, comply with any may subject me * ** I AGREE | subject to E.O. 12372 but not covered by E.O. 12372 icant Delinquent On Any No Exp this application, I certify complete and accurate y resulting terms if I acc to criminal, civil, or admitted in the complete and assurances, ons. | has not been selected by the control of the best of my knowled ept an award. I am aware ninistrative penalties. (U.S.) | | nd (2) that the statements urances** and agree to lent statements or claims |
| | | 7 | | |
| | Ms. | * First Name: | Karen | |
| Middle Name: | Plant. | | | |
| | Flock | 7 | | |
| Suffix: | | | | |
| | state Development Directo | r | | |
| * Telephone Num | iber: (805) 659-3791 | | Fax Number: (805) 647-4- | 419 |
| * Email: KFloo | ck@cabrilloedc.org | | | |
| * Signature of Au | thorized Representative: | Completed by Grants.gov upon s | submission. * Date Signed: Complete | d by Grants.gov upon submission. |

| APPLICATION FOR FEDERAL ASSISTANCE | | 2. DATE SUBMITTED | | Applicant Identifier | | | |
|---|---|--|--|---|--|--|--|
| | | Jne 8, 2007 | | State Applicati | | | |
| 1. TYPE OF SUBMISSION: Application | Pre-application | 3. DATE RECEIVED I | BYSIAIE | State Applicati | on identilier | | |
| ☐ Construction | ☐ Construction | 4. DATE RECEIVED I | BY FEDERAL AGEN | CY Federal Identif | ier | | |
| Non-Construction 5. APPLICANT INFORMATION | Non-Construction | | | | | | |
| Legal Name: | | | Organizational | Unit: | | | |
| Yuba-Sutter Economic Develop | ment Corporation | | Department: | | | | |
| | E THE PROTECTION AND ANALYSIS CHARLES AND ANALYSIS | WALL COMPANY OF THE PARTY OF TH | Division: | | | | |
| Organizational DUNS: 120321596 | | Name and | | hone number of ne | rson to be contacted on matters | | |
| Address: Street: | | | involving this a | pplication (give are | | | |
| 1227 Bridge Street, Suite C | JUN | 1 3 2007 | Prefix: Mr. | First Name: Stephen | | | |
| City: Yuba City | | | Middle Name M. | | | | |
| County: | STATE CLE | ARING HOUSE | Last Name Brammer | | 1 | | |
| Sutter State: California | Zip Code 95991 | | Suffix: | | | | |
| California Country: | 95991 | | Email: | | | | |
| U.S. | ALAMADED /FIAN | | sbrammer@yse | | Fax Number (give area code) | | |
| 6. EMPLOYER IDENTIFICATION | _ | | Phone Number | , | , | | |
| 68-0342145 | | | 530-751-8555 x | | 530-751-8515 k of form for Application Types) | | |
| 8. TYPE OF APPLICATION: | | · | | , | | | |
| If Revision, enter appropriate lett | | n Revision | O. Not for profit | organization, Econon | nic Development District | | |
| (See back of form for description | of letters.) | | Other (specify) | | | | |
| Other (specify) | | | 9. NAME OF FEDERAL AGENCY: U.S. Department of Commerce, Economic Development Administration | | | | |
| 10. CATALOG OF FEDERAL | DOMESTIC ASSISTAN | CE NUMBER: | 11. DESCRIPTI | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: | | | |
| | | 1 1-3 0 2 | Yuba-Sutter Economic Development District - CEDS Reorganization and Regional Implementation | | | | |
| TITLE (Name of Program): Economic Development Admini | etration - Support for Pla | transport transport transport | and Regional in | npiementation | | | |
| 12. AREAS AFFECTED BY PR | OJECT (Cities, Countie | s, States, etc.): | | | | | |
| Yuba and Sutter counties, Califo | | | | | | | |
| 13. PROPOSED PROJECT | | | 14. CONGRESS | SIONAL DISTRICTS | | | |
| Start Date: | Ending Date: June 30, 2008 | | a. Applicant District 2 | | b. Project District 2 | | |
| July 1, 2007 15. ESTIMATED FUNDING: | Julie 30, 2006 | | 16. IS APPLICA | TION SUBJECT TO | REVIEW BY STATE EXECUTIVE | | |
| | | | ORDER 12372 | PROCESS? | N/APPLICATION WAS MADE | | |
| a. Federal \$ | | 54,000 . | a. Yes. 🔽 THI | AILABLE TO THE ST | ATE EXECUTIVE ORDER 12372 | | |
| b. Applicant \$ | | 44,831 | PR | OCESS FOR REVIE | W ON | | |
| c. State \$ | | .00 | DA [*] | ΓΕ: June 8, 2007 | | | |
| d. Local \$ | | .00 | b. No. M | OGRAM IS NOT CO | VERED BY E. O. 12372 | | |
| e. Other \$ | | .00 | ☐ OR | | OT BEEN SELECTED BY STATE | | |
| f. Program Income \$ | | .00 | 17. IS THE API | R REVIEW PLICANT DELINQUE | NT ON ANY FEDERAL DEBT? | | |
| g. TOTAL \$ | | .00 | ── ☐ Yes If "Yes" | attach an explanatio | n. 🛂 No | | |
| 18. TO THE BEST OF MY KNO | WLEDGE AND BELIE | F, ALL DATA IN THIS | APPLICATION/PRE | APPLICATION ARE | TRUE AND CORRECT. THE | | |
| DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF | AUTHORIZED BY THE THE ASSISTANCE IS A | EGOVERNING BODY (NWARDED. | OF THE APPLICAN | AND THE APPLICA | ANT WILL COMPLY WITH THE | | |
| a. Authorized Representative | | | | Middle Name | | | |
| Prefix Mr. | First Name Stephen | | | M | | | |
| Last Name Brammer | | | | Suffix | | | |
| b. Title Chief Operating Officer | | | | c. Telephone Number 530-751-8555 x 101 | r (give area code) | | |
| d. Signature of wutherized Room | estento | | | e. Date Signed | | | |
| Valla II | 1 William | | and the second s | June 6, 2007 | | | |

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

| Application | on for Federal Assis | stance SF-424 | | Version 0 |
|-----------------------|-----------------------------|--|--|--|
| * 1. Type of S | | *2. Type of Application: | * If Revision, select appropriate letter(a): | |
| ✓ Applicatio | | Continuation | * Other (Specify) | |
| Changed/ | Corrected Application | Revision | Citier (Specify) | (marginal data) |
| * 3. Date Rec | | 4. Applicant Identifier: | | - Property |
| Completed by Gr | ranis,gov upon aubmission. | | | Marie |
| 5a. Federal E | Entity identifier: | | * 5b. Federal Award Identifier: | JUN 1 3 2007 |
| | | · | | STATE CLEARING HOUSE |
| State Use Or | nly: | | | - Contraction of the Contraction |
| 6. Date Recei | ived by State: | 7. State Application | on Identifier: | |
| 8. APPLICAN | IT INFORMATION: | | | |
| * a. Legal Nar | ne: Christian Church Hor | omes of Northern California | | |
| | /Taxpayer Identification Nu | umber (EIN/TIN); | * c. Organizational DUNS: | |
| 680235719 | | | 076292945 | , |
| d. Address: | | | lens) | |
| * Street1: | 303 Hegenberger | Road, Suite 201 | W | |
| Street2; | 1 | | | |
| * City: | Oakland | | | |
| County: | | | | |
| * State: Province: | | | CA: California | |
| * Country: | | | | |
| * Zip / Postal C | Code: 94621 | <u></u> | USA: UNITED STATES | / |
| e. Organizatio | | la de la companya de | | |
| Department Na | | | Division Name: | |
| | | | Division Name: | |
| f. Name and co | ontact information of pr | erson to be contacted on m | natters involving this application: | |
| Prefix: | | * First Name | | · |
| Middle Name: | | | | |
| <u> </u> | Pickel | | | |
| Suffix: | | | *************************************** | |
| Title: Director | of Development | | | |
| Organizational A | iffiliation: | | | |
| | | | | |
| Telephone Nun | mber: 510-746-4121 | | Fax Number: 510-746-4203 | |
| Emall: bpick | kel@cchnc.org | | | |

| Application for Federal Assistance SF-424 | | Version 0: |
|---|-----|------------|
| 9. Type of Applicant 1: Select Applicant Type: | | |
| M: Nonprofit with 501C3 IRS Status (Other then Institution of Higher Education) | | |
| Type of Applicant 2: Select Applicant Type: | | |
| Type of Applicant 3; Select Applicant Type: | | |
| у област туры. | • • | |
| * Other (specify): | | |
| | | |
| * 10, Name of Federal Agency: | | |
| US Department of Housing and Urban Development | | |
| 11. Catalog of Federal Domestic Assistance Number: | | |
| 14,157 | | |
| CFDA Title: Supportive Housing for the Elderly | | |
| Output tive Housing for the Edgerry | | |
| 12. Funding Opportunity Number: | * | |
| FR-5100-N-07 | | |
| Title: | | |
| Section 202 Supportive Housing for the E | | |
| | | |
| | | |
| 3. Competition Identification Number: | | |
| 5202-07 | | |
| | | |
| | | |
| | | |
| | | |
| 4. Areas Affected by Project (Cities, Countles, States, etc.): | | |
| ity of Visalia, County of Tulere, State of California | | 7 |
| | | |
| | | |
| 15. Descriptive Title of Applicant's Project: | | |
| evelopment of 51 new units of housing for low-income alderly persons in Visalia, CA. | |] |
| | • | |
| tach supporting documents on analysis | | |
| tach supporting documents as specified in agency instructions. Add Attachments Delete Attachments View Attachments | | |

| Application for Federal | | Version 0; |
|--|---|------------------------------|
| 16. Congressional Districts Of: | | |
| " a. Applicant 9 | • b. Program/Project 21 | |
| Attach an additional list of Progra | nm/Project Congressional Districts if needed. | |
| \\ | Add Attachment Delete Attachment View Attachment | |
| 17. Proposed Project: | | |
| * a. Start Date: 01/01/2009 | b. End Date: 01/01/2009 | |
| 18. Estimated Funding (\$): | b. Liid Dale, 01/01/2009 | |
| * a. Federal | 4,884,700.00 | |
| ^ b. Applicant | 0.00 | |
| * c. State | 0.00 | |
| d, Local | 2,500,000.00 | |
| e. Other | 0.00 | |
| f. Program Income | 0.00 | |
| g. TOTAL | 7.384,700.00 | |
| a. This application was made av. b. Program is subject to E.O. 12 c. Program is not covered by E. | | · |
| a. This application was made av. b. Program is subject to E.O. 12 c. Program is not covered by E. 20. is the Applicant Delinquent Yes No | valiable to the State under the Executive Order 12372 Process for review on 2372 but has not been selected by the State for review. O. 12372. On Any Federal Debt? (If "Yes", provide explanation.) | |
| a. This application was made averaged by E. Program is subject to E.O. 12 c. Program is not covered by E. 20. is the Applicant Delinquent Yes No | valiable to the State under the Executive Order 12372 Process for review on 2372 but has not been selected by the State for review, O. 12372. On Any Federal Debt? (If "Yes", provide explanation.) | |
| a. This application was made averaged by E. Program is subject to E.O. 12 c. Program is not covered by E. 20. is the Applicant Delinquent Yes No | calleble to the State under the Executive Order 12372 Process for review on 2372 but has not been selected by the State for review. O. 12372. On Any Federal Debt? (If "Yes", provide explanation.) Explanation certify (1) to the atatements contained in the list of certifications** and (2) that the atatements courage to the best of my knowledge. I also provide the required assurances** and agree to if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims, or administrative penalties. (U.S. Code, Title 218, Section 1001) | |
| a. This application was made averaged by E. Program is subject to E.O. 12 c. Program is not covered by E. 20. is the Applicant Delinquent Yes No | valiable to the State under the Executive Order 12372 Process for review on 2372 but has not been selected by the State for review. O. 12372. On Any Federal Debt? (If "Yes", provide explanation.) Explanation certify (1) to the atatements contained in the list of certifications** and (2) that the atatements currents to the best of my knowledge. I also provide the required assurances** and agree to if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims, or administrative penalties. (U.S. Code, Title 218, Section 1001) rances, or an internet site where you may obtain this fist, is contained in the announcement or agency | |
| a. This application was made average by the Program is subject to E.O. 12 c. Program is not covered by E. 20. is the Applicant Delinquent Yes No | calleble to the State under the Executive Order 12372 Process for review on 2372 but has not been selected by the State for review. O. 12372. On Any Federal Debt? (If "Yes", provide explanation.) Explanation certify (1) to the atatements contained in the list of certifications** and (2) that the atatements courage to the best of my knowledge. I also provide the required assurances** and agree to if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims, or administrative penalties. (U.S. Code, Title 218, Section 1001) | |
| a. This application was made average by E. Program is subject to E.O. 12 c. Program is not covered by E. 20. is the Applicant Delinquent Yes No | valiable to the State under the Executive Order 12372 Process for review on 2372 but has not been selected by the State for review. O. 12372. On Any Federal Debt? (If "Yes", provide explanation.) Explanation certify (1) to the atatements contained in the list of certifications** and (2) that the atatements currents to the best of my knowledge. I also provide the required assurances** and agree to if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims, or administrative penalties. (U.S. Code, Title 218, Section 1001) rances, or an internet site where you may obtain this fist, is contained in the announcement or agency | |
| a. This application was made average by the program is subject to E.O. 12 c. Program is not covered by E. 20. is the Applicant Delinquent Yes No | valiable to the State under the Executive Order 12372 Process for review on 2372 but has not been selected by the State for review. O. 12372. On Any Federal Debt? (If "Yes", provide explanation.) Explanation certify (1) to the atatements contained in the list of certifications** and (2) that the atatements currents to the best of my knowledge. I also provide the required assurances** and agree to if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims, or administrative penalties. (U.S. Code, Title 218, Section 1001) rances, or an internet site where you may obtain this fist, is contained in the announcement or agency | |
| a. This application was made average by E. Program is subject to E.O. 12 c. Program is not covered by E. 20. is the Applicant Delinquent Yes No 1. "By signing this application, I are true, complete and accomply with any resulting terms ay subject me to criminal, civil." TI AGREE The list of certifications and assubscific instructions. Athorized Representative: efix: ddle Name: McCreary | valiable to the State under the Executive Order 12372 Process for review on 2372 but has not been selected by the State for review. O. 12372. On Any Federal Debt? (If "Yes", provide explanation.) Explanation certify (1) to the atatements contained in the list of certifications** and (2) that the atatements currents to the best of my knowledge. I also provide the required assurances** and agree to if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims, or administrative penalties. (U.S. Code, Title 218, Section 1001) rances, or an internet site where you may obtain this fist, is contained in the announcement or agency | |
| a. This application was made average by E. Program is subject to E.O. 12 c. Program is not covered by E. 20. is the Applicant Delinquent Yes No 1. "By signing this application, I are true, complete and accomply with any resulting terms ay subject me to criminal, civil." TAGREE The list of certifications and assumedific instructions. Athorized Representative: efix: ddle Name: ast Name: McCreary ffix: President/CEO | Adiable to the State under the Executive Order 12372 Process for review on 06/12/2007 2372 but has not been selected by the State for review. O. 12372. On Any Federal Debt? (If "Yea", provide explanation.) Explanation Certify (1) to the atstements contained in the list of certifications** and (2) that the atstements courate to the best of my knowledge. I also provide the required assurancee** and agree to if accept an award. I am aware that any false, fictitious, or fraudulent statements or claims, or administrative penalties. (U.S. Code, Title 218, Section 1001) rances, or an internet site where you may obtain this list, is contained in the announcement or agency * First Name: Don | |
| a. This application was made average by the program is subject to E.O. 12 c. Program is not covered by E. 20. is the Applicant Delinquent Yes No | Adiable to the State under the Executive Order 12372 Process for review on 06/12/2007 2372 but has not been selected by the State for review. O. 12372. On Any Federal Debt? (If "Yea", provide explanation.) Explanation Certify (1) to the statements contained in the list of certifications** and (2) that the statements courate to the best of my knowledge. I also provide the required assurances** and agree to if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims, or administrative penalties. (U.S. Code, Title 218, Section 1001) Fances, or an internet site where you may obtain this list, is contained in the announcement or agency * First Name: Don | |

| 1. TYPE OF SUBMISSION: | | | | | l '' | dentifier |
|--|--|---|---|--|--|--|
| Application | Pre-application | 3. DATE RECEIVED B | STATE | 1 | State Appli | cation Identifier |
| Construction | ☐ Construction | 4. DATE RECEIVED BY | FEDERAL A | GENCY | Federal Ide | Office |
| Non-Construction 5. APPLICANT INFORMATIN | Man Assessed | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Legal Name: | | | Organization | Oal Units | | |
| Visalla Senior Housing, Inc. | Parties and the same of the sa | CONTRACTOR OF THE PROPERTY OF | Department | | | |
| Organizational OUNS: 021771381 | | ne / / Jones Jones | Division: | | | |
| Address; | | THE STREET | Marin and to | | | |
| 115 West Murray Avenue | JUN 1 | 3 2007 | and deline da | - ahard | oon (Give 1 | person to be contacted on m |
| ly: /isalia | | 1 | Prefbc | | First Nama: William | |
| /idalia County: | STATE CLEAD! | No | Middle Name | 1 | | |
| ulare | STATE CLEAD! | " G HOUSE | Lasi Name Pickel | | | |
| tulo: | Zip Code 83291-4916 | 9786-00-1986-00-1986-00-1986-00-1986-00-1986-00-1986-00-1986-00-1986-00-1986-00-1986-00-1986-00-1986-00-1986-0 | Suffex; | | | |
| ountry: inited States | | · | Emal: | | | |
| EMPLOYER IDENTIFICATI | ON NUMBER (EIA): | | opickel@cohr | COU | | |
| 23-722965 | | | Phone Number | | cude) | Fax Number (give area code) |
| TYPE OF APPLICATION: | | | 510-746-4121 | | | 510-746-4203 |
| 17. N- | Continuation | _ | 7. TYPE OF A | PPLICAN | T: (See by | ck of form for Application Type |
| GVISION Anter soomedate La | The second of th | F. Revision | ٥ | | | |
| se back of form for description | n of letters.) | n l | Other (specify) | | | |
| her (spacify) | | | A. NAME OF F | EDERAL | AGENCY: | |
| CATALOG OF FEDERAL | DOMESTIC ARRISTANCE | | na nebamatau | il of Houah | nadru & pr | Development |
| | | | 11. DESCRIPT | IVE TITLE | OF APPL | CANT'S PROJECT: |
| TLE (Name of Program): | | 14-157 | Construction of | 142 ann b | edioom unit | s of low-income housing for e |
| <u> </u> | | | | | | |
| ARPAS AFFECTED BY DO | A 41-2- | | haraous bilo Ol | | ч чоп пере | lent manager's unit, in Visalia, |
| AREAS AFFECTED BY PR | OJECT (Cities, Countles, 5 | Slates, etc.): | horacure but ou | | | leп manager's unit, in Visalia, |
| y or visalia. County of Tubira, | QUECT (Cities, Countles, 5 , California | Slates, etc.): | polson iz enjo dr | | | e⊓imenager's unit, in Visalia, |
| PROPOSED PROJECT It Date: | , Cattornia | Slates, etc.): | | | | em manager's unit, in Viselia, |
| PROPOSED PROJECT IT Date: 2008 | CALIFORNIA Ending Date: 1/1/2048 | States, etc.): | 4. CONGRESS | | | om manager's unit, in ∨salia, OF: |
| PROPOSED PROJECT IT Date: 2008 | California | States, etc.): | 4. CONGRESS Applicant 21 | SIONAL D | STRICTS | OF: D. Project |
| PROPOSED PROJECT if Date: /2008 ESTIMATED FUNDING: | Ending Date: 1/1/2048 | States, etc.): | 4. CONGRESS Applicant 21 8. IE APPLICA RDER 12372 P | SIONAL D | STRICTS | OF: D. Project 21 REVIEW BY STATE EXECUT |
| PROPOSED PROJECT in Date: //2008 ESTIMATED FUNDING: Faderal | Ending Date: 1/1/2048 | States, etc.): | 4. CONGRESS Applicant 21 6. IB APPLICA RDER 12372 P | SIONAL D | BJECT TO | OF: D. Project 21 REVIEW BY STATE EXECUT |
| PROPOSED PROJECT IT Date: //2008 ESTIMATED FUNDING: Faderal Oplicant | Ending Date: 1/1/2048 | States, etc.): | 4. CONGRESS Applicant 21 6. IB APPLICA RDER 12372 P Yes. Z | STONAL D TON BUI TOCE39 S PREAPE | BJECT TO | OF: D. Project 21 REVIEW BY STATE EXECUT |
| y or visalia, County of Tutare, PROPOSED PROJECT in Date: /2008 ESTIMATED FUNDING: Faderal opplicant state | Ending Date: 1/1/2048 | 4,884,700 a | 4. CONGRESS Applicant 21 6. IB APPLICA RDER 12372 P Yes. Z | STONAL D TOON BUI TOCESS S PREAP NILABLE T OCESS FO | BJECT TO 2 | OF: D. Project 21 REVIEW BY STATE EXECUT |
| PROPOSED PROJECT IT Date: //2008 ESTIMATED FUNDING: Faderal Opticant see S | Ending Date: 1/1/2048 | 4,884,700 a | 4. CONGRESS Applicant 21 6. IS APPLICA RDER 12372 F THIS AVEA PRO DATE | SIONAL D TION BUIL ROCESS S PREAPE NILABLE T DCESS FC | BJECT TO PLICATION O THE STA R REVIEW | OF: D. Project 21 REVIEW BY STATE EXECUT APPLICATION WAS MADE TE EXECUTIVE ORDER 123 ON |
| PROPOSED PROJECT IN DATE: //2008 ESTIMATED FUNDING: Faderal Optional State | Ending Date: 1/1/2048 | 4,884,700 a 500,000 b. | 4. CONGRESS Applicant 21 6. IS APPLICA RDER 12372 P Yes, Z THIS AVA PRO DATI | STONAL DI TROCESS S PREAPF NILABLE T OCESS FO E: | BJECT TO 2 PLICATION O THE STA R REVIEW | OF: D. Project 21 REVIEW BY STATE EXECUT APPLICATION WAS MADE TE EXECUTIVE ORDER 123 ON PRED BY E. O. 12372 |
| PROPOSED PROJECT int Date: PROPOSED PROJECT int | Ending Date: 1/1/2048 | 4,884,700 a 0 500,000 b. | 4. CONGRESS Applicant 21 6. IS APPLICA RDER 12372 P Yes. IZ THIS AVA PRO DATI | SIONAL DITTON BUILT ROCESS PREAP INLABLE TOCESS FOR GRAM IS | BJECT TO ? PLICATION O THE STA OR REVIEW NOT COVE | OF: D. Project 21 REVIEW BY STATE EXECUT APPLICATION WAS MADE TE EXECUTIVE ORDER 123 ON RED BY E. O. 12372 BEEN SELECTED BY STATE |
| y dr visalia, County of Tulare, PROPOSED PROJECT In Date; /2008 ESTIMATED FUNDING: Faderal opplicant state scal spram income spram income | Ending Date: 1/1/2048 | 500,000 b. | A CONGRESS Applicant 21 6. IE APPLICA RDER 12372 P Yes. II THIS AVA PRO DATI NO. II PRO II OR F FOR IS THE APPL | SIONAL DI TROCESS PREAPP SI PREAPP SI PREAPP SI SI S | BJECT TO 2. PLICATION O THE STA OR REVIEW NOT COVE I HAS NOT | OF: D. Project 21 REVIEW BY STATE EXECUT APPLICATION WAS MADE TE EXECUTIVE ORDER 123 ON RED BY E. O. 12372 BEEN SELECTED BY STATE |
| PROPOSED PROJECT PROPOS | Ending Date: 1/1/2048 | 518fes, etc.): 4,884,700 0 500,000 b. 0 17 384,700 | A CONGRESS Applicant 21 6. IS APPLICA RDER 12372 F Yes. IN THIS AVA PRO DATI NO. IT PRO TOR F FOR IS THE APPL Yes If Yes and | SIONAL DI TROCESS PREAPP SI PREAPP SILABLE TO DOESS FO FOORAM IS PROGRAM IS PROGRAM IS PROGRAM IS | BJECT TO 2 | OF: D. Project 21 REVIEW BY STATE EXECUT APPLICATION WAS MADE TE EXECUTIVE ORDER 123 ON RED BY E. O. 12372 BEEN SELECTED BY STATE TON ANY FEDERAL DEBT? |
| PROPOSED PROJECT PROPOS | Ending Date: 1/1/2048 | 518fes, etc.): 4,884,700 0 500,000 b. 0 17 384,700 | A CONGRESS Applicant 21 6. IS APPLICA RDER 12372 F Yes. IN THIS AVA PRO DATI NO. IT PRO TOR F FOR IS THE APPL Yes If Yes and | SIONAL DI TROCESS PREAPP SI PREAPP SILABLE TO DOESS FO FOORAM IS PROGRAM IS PROGRAM IS PROGRAM IS | BJECT TO 2 | OF: D. Project 21 REVIEW BY STATE EXECUT APPLICATION WAS MADE TE EXECUTIVE ORDER 123 ON RED BY E. O. 12372 BEEN SELECTED BY STATE TON ANY FEDERAL DEBT? |
| PROPOSED PROJECT in Date: PROPOSED PROJECT i | Ending Date: 1/1/2048 | 518fes, etc.): 4,884,700 0 500,000 b. 0 17 384,700 | A CONGRESS Applicant 21 6. IS APPLICA RDER 12372 F Yes. IN THIS AVA PRO DATI NO. IT PRO TOR F FOR IS THE APPL Yes If Yes and | SIONAL DI TROCESS PREAPP SI PREAPP SILABLE TO DOESS FO FOORAM IS PROGRAM IS PROGRAM IS PROGRAM IS | BJECT TO 2 | OF: D. Project 21 REVIEW BY STATE EXECUT APPLICATION WAS MADE TE EXECUTIVE ORDER 123 ON RED BY E. O. 12372 BEEN SELECTED BY STATE TON ANY FEDERAL DEBT? |
| PROPOSED PROJECT in Date: PROPOSED PROJECT i | Ending Date: 1/1/2048 2, LEDGE AND BELIEF, AL. UTHORIZED BY THE GOVER ASSISTANCE IS AWAR | 518fes, etc.): 4,884,700 0 500,000 b. 0 17 384,700 | A CONGRESS Applicant 21 6. IS APPLICA RDER 12372 F Yes. IN THIS AVA PRO DATI NO. IT PRO TOR F FOR IS THE APPL Yes If Yes and | SIONAL DI TROCESS PREAPP SI PREAPP SILABLE TO DOESS FO FOORAM IS PROGRAM IS PROGRAM IS PROGRAM IS | BJECT TO 2 | OF: D. Project 21 REVIEW BY STATE EXECUT APPLICATION WAS MADE TE EXECUTIVE ORDER 123 ON RED BY E. O. 12372 BEEN SELECTED BY STATE TON ANY FEDERAL DEBT7 |
| PROPOSED PROJECT int Date: PROPOSED PROJECT int | Ending Date: 1/1/2048 | 518fes, etc.): 4,884,700 0 500,000 b. 0 17 384,700 | A. CONGRESS Applicant 21 6. IS APPLICA RDER 12372 P AVA PRO DATE NO. PRO OR F FOR IS THE APPL Yes II YOS" H ATTOMPREAP APPLICANT A | SIONAL DI TROCESS PREAPP SI PREAPP SILABLE TO DOESS FO FOORAM IS PROGRAM IS PROGRAM IS PROGRAM IS | BJECT TO CICATION OTHE STA OR REVIEW NOT COVE I MAS NOT ELINQUEN ELINQUEN EXPLANATION ON ARE TRAPPLICAN | OF: D. Project 21 REVIEW BY STATE EXECUT APPLICATION WAS MADE TE EXECUTIVE ORDER 123 ON RED BY E. O. 12372 BEEN SELECTED BY STATE TON ANY FEDERAL DEBT? |
| PROPOSED PROJECT in Date: PROPOSED PROJECT i | California Ending Date: 1/1/2048 2, ILEDGE AND BELIEF, ALL UTHORIZED BY THE GOV E ASSISTANCE IS AWAR irst Name | 518fes, etc.): 4,884,700 0 500,000 b. 0 17 384,700 | A CONGRESS Applicant 21 6. IE APPLICA RDER 12372 P Yes. II THIS AVA PRO DATI NO. PRO OR F FOR IS THE APPL Yes IF Yes IF Yes IF APPLICANT A | SIONAL DI TROCESS PREAPP SI PREAPP S | BJECT TO CICATION OTHE STA OR REVIEW NOT COVE I MAS NOT ELINQUEN ELINQUEN EXPLANATION ON ARE TRAPPLICAN | OF: D. Project 21 REVIEW BY STATE EXECUT APPLICATION WAS MADE TE EXECUTIVE ORDER 123 ON RED BY E. O. 12372 BEEN SELECTED BY STATE TON ANY FEDERAL DEBT? |
| PROPOSED PROJECT introduced in Date: //PROPOSED PROJECT introduced in Date: //2008 ESTIMATED FUNDING: Faderal Opplicant Supplicant | California Ending Date: 1/1/2048 2, ILEDGE AND BELIEF, ALL UTHORIZED BY THE GOV E ASSISTANCE IS AWAR irst Name | 518fes, etc.): 4,884,700 0 500,000 b. 0 17 384,700 | A. CONGRESS Applicant 21 8. IB APPLICA RDER 12372 P Yes. IZ THIS AVA PRO DATI NO. PRO OR F FOR IS THE APPL Yes if "Yes" si | SIONAL DITTON BUILT ROCESS FOR SILABLE TO CESS | BJECT TO ? PLICATION O THE STA OR REVIEW NOT COVE I MAS NOT ELINGUEN ELINGUEN EXPENSED APPLICAN | OF: D. Project 21 REVIEW BY STATE EXECUT REPLICATION WAS MADE THE EXECUTIVE ORDER 123 ON RED BY E. O. 12372 BEEN SELECTED BY STATE TON ANY FEDERAL DEBT? IV) NO UE AND CORRECT. THE I WILL COMPLY WITH THE |
| PROPOSED PROJECT int Date: //2008 ESTIMATED FUNDING: Faderal opplicant suite ocal ther OTAL OTHE BEST OF MY KNOW OTAL OTHE BEST OF MY KNOW OTAL ACHED ASSURANCES IF TH illicrized Representative dent of the Board polyre of Authorized Represent | Ending Date: 1/1/2048 2, LEDGE AND BELLEF, ALL UTHORIZED BY THE GOV E ASSISTANCE IS AWAR irst Name | 4,884,700 a 4,884,700 b. 500,000 b. 0 17 384,700 LDATA IN THIS APPLICATION OF THE ROED. | A CONGRESS Applicant 21 6. IE APPLICA RDER 12372 P Yes. IZ THIS AVA PRO DATI NO. PRO OR F FOR IS THE APPL Yes IF THE APPLICANT A | SIONAL DI TROCESS PREAPP SI PREAPP S | BJECT TO 2. PLICATION O THE STA OR REVIEW NOT COVE I HAS NOT ELINQUEN EXPLORATE TR APPLICAN | OF: D. Project 21 REVIEW BY STATE EXECUT APPLICATION WAS MADE TE EXECUTIVE ORDER 123 ON RED BY E. O. 12372 BEEN SELECTED BY STATE TON ANY FEDERAL DEBT? |
| PROPOSED PROJECT PROPOSED PROJECT IN Date: 72008 ESTIMATED FUNDING: Faderal Opplicant State State STAL STAL STAL STAL STAL STAL STAL STAL | Ending Date: 1/1/2048 2, LEDGE AND BELIEF, ALL UTHORIZED BY THE GOV E ASSISTANCE IS AWAR Irst Name | 4,884,700 a 4,884,700 b. 500,000 b. 0 17 384,700 LDATA IN THIS APPLICATION OF THE ROED. | 4. CONGRESS Applicant 21 6. IS APPLICA RDER 12372 P Yes. IZ THIS AVA PRO DATI NO. PRO OR F FOR IS THE APPL YES IF YES BIT HE APPLICANT A SUITE SEE E. T. S. | SIONAL DITTON BUILT ROCESS FOR SILABLE TO CESS | BJECT TO CICATION O THE STA OR REVIEW NOT COVE I MAS NOT ELINQUEN ELINQUEN ELINQUEN ELINQUEN ELINGUEN ELINGU | OF: D. Project 21 REVIEW BY STATE EXECUT REPLICATION WAS MADE THE EXECUTIVE ORDER 123 ON RED BY E. O. 12372 BEEN SELECTED BY STATE TON ANY FEDERAL DEBT? IV) NO UE AND CORRECT. THE I WILL COMPLY WITH THE |

| FEDERAL ASSIST | r Tance | 2. DATE SUBMITTED | | Applicant ide | Version |
|---|--|--|---|---------------------------|----------------------------------|
| 1. TYPE OF SUBMISSI | B | J. DATE RECEIVED B | Y STATE | | ation Identifier |
| Construction | Pre-application | 4: DATE RECEIVED B | Y FEDERAL AGENCY | | |
| Non-Construction | Construction Non-Construction | | . I EDERAL AGENCY | Federal Ideni | tmer |
| 5. APPLICANT INFORM | MATION | | | <u> </u> | |
| Legal Name: | | | Organizational Unit | | |
| Oakland Housing initiati | Y88, Inc. | • | Department: | | |
| Organizational DUNS: 800427689 | Transport of the Control of the Cont | interpretation and angular contraction description and another transfer and an activities and an activities and an activities and activities activities and activities and activities activities and activities activities and activities activities and activities activities activities activities and activities activities activities activities activities and activities activit | Division: | | |
| Address: | and from I | Land N. / Rose II | Name and talent and | | |
| Street: 1619 Harrison Street | y W. Dayyan St | To the State State of the State | involving this applic | e number of pe | erson to be contacted on matter |
| | | 1 3 2007 | Prefix; | First Name; | |
| City: Oakland | | 2007 | Middle Name | Shad | |
| County: | 475.690 6.490 | | Last Name | | |
| Alameda State: | STATE CLE | ARING HOUSE | Small | | |
| State: CA | Zip Code 94612 | manuscripture ministraticus (principal automorphismus) (principal automorph | Suffix: | | |
| Country: United States | | | Emall; | | |
| | CATION NUMBER (EIN): | , | samali@oakha.org | | |
| 94-31376 | | | Phone Number (give a | rea code) | Fax Number (give area code) |
| & TYPE OF APPLICATION | OM: | | 510-587-2144 | | 510-587-2144 |
| | 7: Nov. [7] Cantinuation | | 7. TYPE OF APPLICA | NT: (See bed | k of form for Application Types) |
| III Revision enter ennound | oto Interior in houses | Rovision | 0 | | |
| (See back of form for desc | Proposition of letters.) | Γ | Other (specify) | • | |
| Other (specify) | | | S. NAME OF FEDERA | 1 Applian | |
| 10 CATALOG OF FEDE | 7.44 | | US Department of Hou | raing & Urban D | Development |
| 10. GRINEOG OF FEDE | RAL DOMESTIC ASSISTANCE | E NUMBER: | 11. DESCRIPTIVE TIT | LE OF APPLIC | ANT'S PROJECT: |
| TITLE Alemande | | 14-157 | Construction of 61 one | allau mombed-i | of low-impages travels a re- |
| TITLE (Name of Program) Section 202 Supportive H | i: Ousing for the Eldedy | | persons and one, two- | bedroom reside | ant manager's unit, in Oaklend, |
| 12 AREAS AFFECTED E | IY PROJECT (Cities, Counties, | States, etc.): | - | | |
| City of Oakland, County of | f Alameda, California | | | | 0 |
| 13. PROPOSED PROJEC | T | | 14. CONGRESSIONAL | | |
| Start Date: 1/1/2008 | Ending Dale: 1/1/2048 | | a. Applicant | | F: b. Project |
| 15. ESTIMATED FUNDING | 3: | | 9 | 1 | 9 |
| a. Federal | | | 18. IS APPLICATION S ORDER 12372 PROCE | SUBJECT TO F | REVIEW BY STATE EXECUTIVE |
| | S | 8,129,100 | IN VALUE THIS PREA | APPLICATION/ | APPLICATION WAS MADE |
| b. Applicant | \$ | | AVA(LABLI | E TO THE STATE FOR REVIEW | TE EYECUTIVE ABDED 40000 |
| c. Stale | | 0 | | | |
| d. Local | | 0 ' | DATE: | June 13, 20 | 07 |
| | Š | 5,133,000 | b. No. ITI PROGRAM | IS NOT COVE | RED BY E. O. 12372 |
| . Other | \$ | - OI - | | | |
| . Program income | \$ | O, | | | BEEN SELECTED BY STATE |
| I. TOTAL | | 0. | 17. IS THE APPLICANT | DELINQUENT | ON ANY FEDERAL DEBT? |
| | * 1 | 3,262,100 | Yes If "Yes" attach a | n evaloredon | 172 |
| B. TO THE BEST OF MY | KNOWE ENGE AND THE | | | | RZI NO |
| TIME ILD MODURANCE | IF IME ARRISTANCE IS AWA | OVERNING BODY OF TH | E APPLICANT AND TH | TE APPLICANT | TWILL COMPLY WITH THE |
| Authorized Representativ | 2 | RDEU, | | | |
| - VIIA | First Name Jon | V | Middle Na | ime | |
| ast Nome resley | | | Suffix | | |
| Title | | | | | |
| xecutive Director | | | c. Telepho (510) 874 | one Number (gl | ve area code) |
| Signature of Authorized Re | aprese Medivo | | e. Date Si | aned | A A 6 |
| avious Edition Usable |) () | | | | 2.07 |
| thorized for Local Reprodu | Action | | | _; | Standard Form 424 (Rev.9-2003) |

OMB Number: 4040-0004

| | | | | | | Expiration Date: 01/31/200 |
|--------------------------|---------------------------------------|----------|---|---------------------------------------|---------------|---|
| Application fo | r Federal Assis | tance | SF-424 | | | Version 0 |
| * 1. Type of Submit | ssion: | * 2. Ty | pe of Application: | * If Revision, select appropriate let | ler(s): | |
| Preapplication | | ☑ Nev | N | • ; | - | |
| ✓ Application | | Cor | ntinuation | * Other (Specify) | . <u></u> | |
| Changed/Correc | ted Application | ☐ Rev | rision | | | |
| * 3. Date Received: | | 4. Appl | cant identifier: | | | |
| Completed by Grants.go | ov upan aubmission, | | ^ | | | |
| 5a. Federal Entity lo | dentifier: | \ | | * 5b. Federal Award Identifier: | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | |
| State Use Only: | | | | | 1 D Paris | Second Experience of the Control of |
| 6. Date Received by | State: | | 7. State Application | n Identifier: | | |
| 8. APPLICANT INF | ORMATION: | | | | | 3 2007 |
| * a. Legal Name: C | hristian Church Hor | nes of N | orthern California | | + STATE OVE | 3 2007 |
| + b. Employer/Taxpa | | <u>`</u> | | * c. Organizational DUNS: | STATE CLEAR | MS HULLER |
| 680235719 | | | | 078292945 | 1 | 300 |
| d. Address: | • | | P J. | | | |
| * Street1: | 303 Hegenberger | Road Si | uite 201 | 1 | | |
| Street2: | | | | 11.5 m | 1, 2, | |
| ₹ City; | Oakland | | | | | |
| County: | | | Pub. | | | |
| * State: | | | | CA: Callfornia | | |
| Province; | | | , | 7 | | |
| * Country: | | -1,6 | | SA: UNITED STATES | | |
| * Zip / Postal Code; | 94621 | | · · · · · · · · · · · · · · · · · · · | | | |
| e. Organizational U | nit: | | | | | |
| Department Name: | | | | Division Name: | | |
| | | | • , | | ang. | |
| f. Name and contac | t Information of pe | raon to | be contacted on m | etters involving this application | | |
| Prefix: | 1 | 7 | * First Name | | | |
| Middle Name: | | | | | | |
| Last Name: Picke | 1 | | | | •, | |
| Suffix: | | | · | | | |
| Fitle: Director of Dev | velopment | | ·, | | | |
| Organizatlonal Affiliati | on: | | | | | |
| | | | • | | | |
| Telephone Number: | 510-746-4121 | | | Fax Number: 510-7 | 246-4203 | |
| Email: bplckel@c | chnc.org | | 1, | | 6 | |
| | | | | | | |

| Application for Federal Assistance SF-424 | Version 02 |
|---|-------------------|
| 9. Type of Applicant 1: Select Applicant Type: | |
| M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) | |
| Type of Applicant 2: Select Applicant Type: | |
| | = % |
| Type of Applicant 3; Select Applicant Type: | |
| | |
| * Other (specify): | |
| | |
| 10. Name of Federal Agency: | , |
| US Department of Housing and Urban Development | |
| 11. Catalog of Federal Domestic Assistance Number: | * " ₁₁ |
| 14.157 | |
| CFDA Title: | |
| Supportive Housing for the Elderly |) _{h to} |
| | |
| 12. Funding Opportunity Number: | <u> </u> |
| FR-5100-N-0 7 | |
| * Title: | |
| Section 202 Supportive Housing for the E | |
| | |
| | |
| 13. Competition identification Number: | |
| S202-07 | |
| Title: | |
| | |
| | |
| | |
| | |
| 14. Areas Affected by Project (Cities, Counties, States, etc.): | |
| City of Oakland, County of Alameda, State of California | |
| | |
| | |
| 15. Descriptive Title of Applicant's Project: | |
| Development of 73 new units of housing for low-income elderly persons in Oakland, California. | |
| | |
| | |
| than supporting doguments or analysis | |
| Add Attachments Delete Attachments View Attachments | |

| | | | | | | | Expiretion Da | 16. 01/21/2009 |
|--|--|--|---|---|---|---|--------------------|---------------------------------------|
| Application (| for Federal Assista | nce SF-424 | | | | | | Version 02 |
| 16. Congression | al Districts Of: | | | | | | | |
| ¹a. Applicant | 9 | | | * b. Program | n/Project S |) | | |
| Attach an addition | nal list of Program/Projec | ct Congressional Districts if r | needed. | | , | | | |
| | | Add Attachment | lete Atlach | mont View Attachin | nent | | | |
| 17. Proposed Pr | roject: | | | | | | | · · · · · · · · · · · · · · · · · · · |
| * a. Slart Date: | 01/01/2009 | | | * b. E | nd Date: 0 | 1/01/2009 | | |
| 18. Estimated Fu | unding (\$): | Company of the Compan | | | | | | |
| * a. Federal | , | 8,129,100.00 | 1 | | | | | |
| b. Applicant | | 0.00 | | | | | | • |
| * c. State | | 0.00 | | | | | | |
| * d. Local | | 5,133,000.00 | | | | | | |
| * e. Other | | 0.00 | | | | | | |
| *f. Program inco | ome | 0.00 | | | | | • | |
| g TOTAL | | 13,262,100.00 | | | | | | |
| * 20. Is the Appli Yes 21. *By signing therein are true, comply with any may subject me ** I AGREE | No Expendition, I certify complete and accurate resulting terms if I accurate to criminal, civil, or additions and assurances. | y Federal Debt? (If "Yes", planation (1) to the statements conto to the best of my knowle cept an award. I am aware ministrative penalties. (U.) | ntained in o odge. I als e that any S. Code, | the list of certificat o provide the requ false, fictitious, o little 218, Section 1 | ilred assura r frauduleni 001) | ancea** and agr t atatements or | reø to r claims | |
| Authorized Repr | | | | | | | | |
| Prefix; | 4.40 | * First Name: | Don | Var | , A.A. | | | |
| Middle Name; | | | | | | 4 • • • • • • • • • • • • • • • • • • • | ·, - (| |
| * Last Name: N | 1cCreary | 1/16 | | | | (| | |
| Suffix: | | | | | *************************************** | • • • · · · · · · · · · · · · · · · · · | | |
| * Title: Presider | nt/CEO | 1 | | , A. | | | | |
| *Telephone Numb | per: 510-632-6712 | | | Fax Number: 510 | -632-6704 | | 1- | |
| * Email: dmccre | eary@cchnc.org | | |) | | - 41 & a | | |
| Signature of Auth | norized Representative: | Completed by Granta gov upon so | ubmission. | * Date Signed: | Completed by | Grants.gav upon sut | omission. | |

RECF'/ED
JUN 1 3 2007

| | STATE CLEARING HOUSE Reproduction of OMB Number: 4040-004 Expiration Date: 1/31/2009 |
|--|--|
| Application for Federal Assistance SF-424 (page 1 of C | |
| 1. Type of Submission: | Type of Application |
| ☐ Preapplication | √ New |
| √ Application | ☐ Continuation * Other (Specify) |
| ☐ Changed Corrected Application | ☐ Revision |
| 3. Date Received: | 4. Applicant Identifier: |
| 5a. Federal Entity Identifier | * 5b. Federal Award Identifier: |
| State Use Only | |
| 6. Date Received by State: | 7. State Application Identifier |
| Applicant Information: Central Valley Health Network Applicant Information: | |
| b. Employer/Taxpayer Identification Number (EIN/TIN) 68-0429643 | c. Organizational DUNS: 024727161 |
| * Street 1: 1107 Ninth Street, Suite 810 *reet 2: Sacramento County: Sacramento California Province: Vnited States * Zip/Postal Code: 95814 e. Organizational Unit Department Name: N/A f. Name and contact information for matters involving this application Prefix: Mr. *First Name David Middle name: Michael Onackenbush | Division Name: N/A |
| *Last Name: Quackenbush Suffix: | |
| Title: Chief Executive Officer | |
| Organizational Affiliation Central Valley Health Network | (916) 444, 2424 |
| Telephone Number: (916) 552-2846 Fa | ax Number: (916) 444-2424 |

(2780872)

| Application for Federal Assistance SF-424 (page | es 2 and 3 of OMB's webpage version) Version 02 |
|--|---|
| 9, Type of Applicant: #1 M. Nonprofit | |
| #2 | |
| #3 | |
| Other (Specify) | |
| Office (Specify) | |
| 10. Name of Federal Agency: Rural Development Telecommunica | itions Program |
| Catalog of Federal Assistance Number: 10-855 CFDA Title: Distance Learning and Telemedicine Loans and C | Grants |
| 12. Funding Opportunity Number: RDUP-07-01-DLT | |
| Title; USDA-DLT | |
| 13. Competition Identification Number: Leave Blank | |
| Title: Leave Blank | |
| 14. Areas affected by Project: Attach Site Worksheet | |
| 15. Descriptive title of Applicant's Project: Oral Health Distan | co Learning Program |
| Attach supporting documentation as specified in agency instruction | |
| · · · · · · · · · · · · · · · · · · · | pleted Application Package as described in <i>Application Guide</i> |
| | b. Program/Project: Attach Site Worksheet |
| 17. Proposed Project: a. Start Date: October 1, 2007 | b. End Date: September 30, 2007 |
| 18. Estimated Funding: \$350,660.00 | 19. Is Application Subject to Review by State under Executive Order 12372 Process? |
| Applicant: \$62,000.00 | |
| c. State: leave blank | √ |
| d. Local leave blank e. Other \$0.00 | 12372 process for review on: June 8, 2007 |
| f. Program Income: leave blank | □ b. Program is subject to E.O. 12372, but not selected by the State. |
| g. Total \$412,660.00 | □ c. Program is not covered by E. O. 12372. |
| | |
| 20. Is the Applicant delinquent on any Federal Debt? NO | ✓ YES (If yes, provide and attach an explanation). |
| true. complete, and accurate to the best of my knowledge. I alsterms if I accept an award. I am aware that any false, fictitious, administrative penalties. (U.S. Code, title 218, Section 1001) I Agree ** The list of assurances, or an internet site where you make the complete of the co | ontained in the list of certifications** and (2) that the statements herein are so provide the required assurances** and agree to comply with any resulting or fraudulent statements or claims may subject me to criminal, civil or any obtain this list, is contained in the announcement or Agency specific instructions. |
| Authorized Representative: Prefix:: First name: Middle Name: | Michael |
| Middle Name: Last Name: | Quackenbush Suffix: |
| Title: Chief Executive Officer | Sumx: |
| Telephone Number: (916) 552-2846 | Fax Number: (916) 444-2424 |
| e-mail: dquackenbush@cvhnclinics.org | · ax radibot. |
| | |
| Signature of Authorized Representative: | Date: June 8, 2007 |

transm)

| Application for | r Federal Assis | stance | SF-424 | | | | Version 02 |
|--------------------------|----------------------|---|--------------------|----------|---------------------------|-------------|--|
| * 1 Type of Submis | sion: | * 2. Ty | pe of Application: | * If Re | vision select appropriate | letter(s): | |
| Preapplication | | ✓ Nev | v | | | | |
| Application | | ☐ Cor | ntinuation | * Othe | r (Specify) | | The control of the co |
| Changed/Correct | ted Application | Rev | vision | | | m/mi | The form of the Man D |
| * 3 Date Received: | | 4 App | licant Identifier; | | | | JUN 1 4 2007 |
| Completed by Grants go | v upon submission | | | | | | JOIN 1 4 Z007 |
| 5a Federal Entity Id | lentifier: | | | * 5k | Federal Award Identific | er: | STATE CLEARING HOUSE |
| | | | | | | | To the Review and Application of the Control of the |
| State Use Only: | | | | | | | |
| 6 Date Received by | State: | | 7 State Applicatio | n Identi | ifier: | | |
| 8. APPLICANT INFO | ORMATION: | | • | | , | | |
| * a Legal Name: C | ity of Roseville | | | | | | And the American Control of the Cont |
| * b Employer/Taxpa | yer Identification N | umber (E | EIN/TIN): | * c | Organizational DUNS: | | |
| 946000409 | | | | | 119643 | | |
| d. Address: | | | | | | | |
| * Street1: | 1051 Junction Blv | rd | | | | | |
| Street2: | | *************************************** | | | | | |
| * City: | Roseville | *************************************** | | | 44.4 | | |
| County: | | | | | | | |
| * State: | | | | | CA: California | | |
| Province: | | | | 14 | | | |
| * Country: | | | l | JSA: UI | NITED STATES | | |
| * Zip / Postal Code: | 95678 | | | | | | |
| e. Organizational U | Init: | | | | | | |
| Department Name: | | | | Divis | sion Name: | | |
| | | | | | | | |
| f. Name and contac | t information of p | erson to | be contacted on i | matters | s involving this applic | ation: | |
| Prefix: | | | * First Nam | e: De | e Dee | | |
| Middle Name: | | | | | | | |
| * Last Name: Gunti | ner | | | | | | |
| Suffix: | | | | | | | |
| Title: Administrative | e Analyst | | | | | | |
| Organizational Affiliati | ion: | | | | | | |
| | | | | | | | Part of the second seco |
| * Telephone Number: | 916-774-5015 | | | | Fax Number: 9 | 16-774-5019 | |
| * Email: ddgunther | @roseville.ca.us | | | | | | |

| Application for Federal Assistance SF-424 | Version 02 |
|--|------------|
| 9. Type of Applicant 1: Select Applicant Type: | _ |
| C: City or Township Government | |
| Type of Applicant 2: Select Applicant Type: | 7 . |
| Type of Applicant 3: Select Applicant Type: | _ |
| | } |
| * Other (specify): | |
| | |
| * 10 Name of Federal Agency: | |
| Community Oriented Policing Services | |
| 11. Catalog of Federal Domestic Assistance Number: | |
| | |
| CFDA Title: | |
| | |
| * 12. Funding Opportunity Number: | |
| COPS-SOS-2007-1 | |
| * Title: | |
| Secure Our Schools | |
| | |
| | |
| 13. Competition Identification Number: | |
| | |
| Title: | |
| | |
| | |
| | |
| 14. Areas Affected by Project (Cities, Counties, States, etc): | W |
| | |
| | |
| | |
| * 15. Descriptive Title of Applicant's Project: | |
| Increased security measures for Roseville's high school campuses | 1 |
| | |
| | |
| Attach supporting documents as specified in agency instructions | |
| Add Attachments Delete Attachments Wiew: Attachments | |

| 16. Congressional Districts Of: | Version 02 |
|--|---|
| , | |
| * a Applicant 4th | * b Program/Project 4th |
| Attach an additional list of Program/Project Congressional Districts | if needed |
| Add Attachment [| Deleta Attachment View Attachment |
| 17 Proposed Project: | |
| * a Start Date: 10/01/2007 | * b End Date: 09/30/2009 |
| 18. Estimated Funding (\$): | |
| * a Federal 131,250.00 | |
| * b Applicant 0 00 | |
| * c State 0.00 | |
| * d Local 131,250 00 | |
| * e Other 0.00 | • |
| * f Program Income 0 00 | |
| * g TOTAL 262,500.00 | |
| ph commonwhateness and because the desired | s", províde explanation.) |
| Yes No Explanation 21. *By signing this application, I certify (1) to the statements of herein are true, complete and accurate to the best of my know comply with any resulting terms if I accept an award. I am award. | contained in the list of certifications** and (2) that the statements reledge. I also provide the required assurances** and agree to are that any false, fictitious, or fraudulent statements or claims |
| Yes No Explanation 21. *By signing this application, I certify (1) to the statements of herein are true, complete and accurate to the best of my know comply with any resulting terms if I accept an award. I am awa may subject me to criminal, civil, or administrative penalties. | contained in the list of certifications** and (2) that the statements redge. I also provide the required assurances** and agree to are that any false, fictitious, or fraudulent statements or claims |
| Yes No Explanation 21. *By signing this application, I certify (1) to the statements of herein are true, complete and accurate to the best of my known comply with any resulting terms if I accept an award. I am awarmay subject me to criminal, civil, or administrative penalties. ** I AGREE ** The list of certifications and assurances or an internet site where | contained in the list of certifications** and (2) that the statements redge. I also provide the required assurances** and agree to are that any false, fictitious, or fraudulent statements or claims |
| Yes No Explanation 21. *By signing this application, I certify (1) to the statements of herein are true, complete and accurate to the best of my know comply with any resulting terms if I accept an award. I am awarmay subject me to criminal, civil, or administrative penalties. ** ** I AGREE ** The list of certifications and assurances or an internet site where specific instructions | contained in the list of certifications** and (2) that the statements reledge I also provide the required assurances** and agree to are that any false, fictitious, or fraudulent statements or claims (U.S. Code, Title 218, Section 1001) |
| Yes No Explanation 21. *By signing this application, I certify (1) to the statements of herein are true, complete and accurate to the best of my know comply with any resulting terms if I accept an award. I am awarmay subject me to criminal, civil, or administrative penalties. ** ** AGREE *** The list of certifications and assurances or an internet site where specific instructions Authorized Representative: | contained in the list of certifications** and (2) that the statements pledge. I also provide the required assurances** and agree to are that any false, fictitious, or fraudulent statements or claims (U.S. Code, Title 218, Section 1001) you may obtain this list is contained in the announcement or agency |
| Yes No Explanation 21. *By signing this application, I certify (1) to the statements of herein are true, complete and accurate to the best of my know comply with any resulting terms if I accept an award. I am awa may subject me to criminal, civil, or administrative penalties. ** *I AGREE* ** The list of certifications and assurances or an internet site where specific instructions Authorized Representative: ** First Name | contained in the list of certifications** and (2) that the statements pledge. I also provide the required assurances** and agree to are that any false, fictitious, or fraudulent statements or claims (U.S. Code, Title 218, Section 1001) you may obtain this list is contained in the announcement or agency |
| Yes No Explanation 21. *By signing this application, I certify (1) to the statements of herein are true, complete and accurate to the best of my know comply with any resulting terms if I accept an award. I am awar may subject me to criminal, civil, or administrative penalties. *** I AGREE *** The list of certifications and assurances or an internet site where specific instructions Authorized Representative: Prefix: * First Nam Middle Name: CRAIG | contained in the list of certifications** and (2) that the statements pledge. I also provide the required assurances** and agree to are that any false, fictitious, or fraudulent statements or claims (U.S. Code, Title 218, Section 1001) you may obtain this list is contained in the announcement or agency |
| Yes No Explanation 21. *By signing this application, I certify (1) to the statements of herein are true, complete and accurate to the best of my known comply with any resulting terms if I accept an award. I am award as unay subject me to criminal, civil, or administrative penalties. ** *I AGREE* ** The list of certifications and assurances or an internet site where specific instructions Authorized Representative: Prefix: ** First Nam Middle Name: CRAIG ROBINSON ROBI | contained in the list of certifications** and (2) that the statements pledge. I also provide the required assurances** and agree to are that any false, fictitious, or fraudulent statements or claims (U.S. Code, Title 218, Section 1001) you may obtain this list is contained in the announcement or agency |
| 21. *By signing this application, I certify (1) to the statements of herein are true, complete and accurate to the best of my know comply with any resulting terms if I accept an award. I am awa may subject me to criminal, civil, or administrative penalties. *** I AGREE *** The list of certifications and assurances or an internet site where specific instructions Authorized Representative: Prefix: ** First Nam Middle Name: CRAIG | contained in the list of certifications** and (2) that the statements pledge. I also provide the required assurances** and agree to are that any false, fictitious, or fraudulent statements or claims (U.S. Code, Title 218, Section 1001) you may obtain this list is contained in the announcement or agency |
| Yes No Explanation 21. *By signing this application, I certify (1) to the statements of herein are true, complete and accurate to the best of my known comply with any resulting terms if I accept an award. I am award any subject me to criminal, civil, or administrative penalties. *** I AGREE *** The list of certifications and assurances or an internet site where specific instructions Authorized Representative: Prefix: ** First Name: Middle Name: CRAIG ** Last Name: ROBINSON Suffix: | contained in the list of certifications** and (2) that the statements pledge. I also provide the required assurances** and agree to are that any false, fictitious, or fraudulent statements or claims (U.S. Code, Title 218, Section 1001) you may obtain this list is contained in the announcement or agency |
| Yes No Explanation 21. *By signing this application, I certify (1) to the statements of herein are true, complete and accurate to the best of my know comply with any resulting terms if I accept an award. I am awarmay subject me to criminal, civil, or administrative penalties. ** ** I AGREE *** The list of certifications and assurances or an internet site where specific instructions ** Authorized Representative: Prefix: | contained in the list of certifications** and (2) that the statements pledge. I also provide the required assurances** and agree to are that any false, fictitious, or fraudulent statements or claims (U.S. Code, Title 218, Section 1001) you may obtain this list is contained in the announcement or agency ne: W |

| Application for Federal Assistance SF-424 | | | | |
|---|--|---|--|--|
| Applicant Federal Debt Delinquency Explanation | | | | |
| ie following field should contain an explanation if the Applicant organization is delinq aracters that can be entered is 4 000 Try and avoid extra spaces and carriage retui | uent on any Federal Debt Maximum number of | | | |
| aracters that can be entered is 4 000 - Try and avoid extra spaces and carriage return | ns to maximize the availability of space | 7 | | |
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| Application for | Federal Assi | stance SF-424 | | CAPITATION Date: 07/31/2009 |
|------------------------------------|--|---|--|--|
| * 1. Type of Submis | | 7 | | Version 02 |
| Preapplication | aluii. | * 2. Type of Application: | * If Revision, select appropriate letter(s): | |
| Application | | [V] New | | |
| Changed/Correct | ted Application | Continuation Revision | ^ Other (Specify) | - , |
| 3. Date Received; | TOU TO THE TOUR TOUR TO THE TO | | | |
| | | 4. Applicant Identifier: | | |
| Completed by Grants.gov | | L. | | |
| 5a. Federal Entity Id. | entifier: | | * 5b. Federal Award Identifier: | |
| | | | | |
| State Use Only: | | | | |
| 6. Date Received by | State: | 7. State Applicatio | n Identifier: | |
| 8. APPLICANT INFO | ORMATION: | | | |
| | | Sheriff's Dopartment | | |
| | | | | |
| • b. Employer/Taxpay 95-6000927 | yer Identification N | umber (EIN/TIN): | * c. Organizational DUNS: | |
| 95-6000927 | | | 028950678 | |
| d. Address: | | | - | |
| *Street1: | 4700 Ramona Bo | ulevard | | 110000000000000000000000000000000000000 |
| Street2: | | | | |
| * City; | Monterey Park | | | ALICH DESCRIPTION OF THE PARTY |
| County: | | 111111111111111111111111111111111111111 | | |
| * State: | | | CA: California | |
| Province; | | | | *************************************** |
| * Country: | | | JSA: UNITED STATES | |
| Zip / Postal Code: | 91754 | | | |
| e. Organizational U | nit: | | | - Annual |
| Department Name: | | | Division Name; | |
| | | | | 11.00 |
| f. Name and contact | information of p | erson to be contacted on r | nalters involving this application: | |
| Prefix: | | First Nam | ." [| Parket States |
| Middle Name; | | | | RECEIVED |
| Last Name: Trotte | γ | 10 | | JUN 1 4 2007 |
| Suffix: | | | | |
| Title: | | | | STATE CLEARING HOUSE |
| Organizational Affiliation | on: | | | The state of the s |
| | V. (| | | |
| Telephone Number: | (323) 526-5153 | | Fax Number: (323) 415-3393 | · |
| • Email: dbtrotte@la | asd.org | | | |
| | | | | |

| Application for Federal Assistance SF-424 | Version 02 |
|--|---|
| 9. Type of Applicant 1: Select Applicant Type: | |
| B: County Government | 1 1000000000000000000000000000000000000 |
| Type of Applicant 2; Select Applicant Type: | |
| | |
| Type of Applicant 3: Select Applicant Type: | |
| | |
| * Other (specify): | |
| | |
| * 10. Name of Federal Agency: | |
| Community Oriented Policing Services | |
| 11. Catalog of Federal Domestic Assistance Number: | |
| | |
| CFDA Title: | |
| | |
| 12. Funding Opportunity Number: | |
| COPS-SQS-2007-1 | |
| Title: | |
| Secure Our Schools | |
| | |
| | |
| 13. Competition Identification Number: | |
| Tel estipetion (deliciteation Nulliber: | |
| Title; | |
| | |
| | |
| | |
| 14 Areas Affected by Brainst (Older O) | |
| 14. Areas Affected by Project (Cities, Countles, States, etc.): | |
| | |
| | |
| | |
| 15. Descriptive Title of Applicant's Project: | |
| Hart UHSD Secure Our Schools Equipment Grant Program | |
| | |
| Altach supporting documents as specified in agency instructions. | |
| Add Attachments Delete Attachments View Attachments | |
| AND THE PROPERTY OF THE PROPER | |

| Application for Federal As | sistance SF-424 | Expiration Date: 01/31/2009 |
|---|---|---|
| 16. Congressional Districts Of: | | Version 02 |
| * a. Applicant 24-37 | * h. Program (D | 1" |
| Attach an additional list of Program | * b. Program/Pr /Project Congressional Districts II needed. | roject 25 |
| Cong. Districts.doc | | ara |
| 17. Proposed Project: | Delete Witachment Wiew Attachmen | |
| a. Start Date; 10/01/2007 | | - 5 |
| 18. Estimated Funding (\$): | * b. End | Date: 09/30/2009 |
| a. Federal | 249,626.00 | VIII. |
| b. Applicant | 0.00 | |
| *c. State | 0,00 | |
| *d. Local | 0,00 | |
| * e. Other | 249,626.00 | |
| * 1. Program Income | 0.00 | |
| g. TOTAL | 499,252.00 | |
| comply with any resulting terms i may subject me to criminal, civil, | certify (1) to the statements contained in the list of certifications the to the best of my knowledge. I also provide the required f I accept an award. I am aware that any false, fictitious, or traor administrative penalties. (U.S. Code, Title 218, Section 1001 ances, or an internet site where you may obtain this list, is contained | 1 assurances** and agree to audulent statements or claims |
| Authorized Representative: | | |
| Prefix: Middle Name; D. Last Name; Baca Suffix: | First Name: Leroy | |
| Title: Sheriff, Los Angeles County | | |
| Telephone Number: (323) 526-5000 | Fax Number; (323) 26 | 37-6600 |
| Email: grants@lasd.org | | |
| Signature of Authorized Representa | Ive: Completed by Grants.gov upon submission. Date Signed: Comp | pleted by Grants.gov upon submission. |
| | Sate orgined. Comp | |

| APPLICATION FOR | , , , , , , , , , , , , , , , , , , , | | proved No. | | Version 7/03 |
|---|--|--|---|------------------------------------|--|
| FEDERAL ASSISTANCE | | 2. DATE SUBMITTED | 4 | Applicant Iden | ntifier |
| 1. TYPE OF SUBMISSION: Application | Pre-application | 3. DATE RECEIVED B | YSTATE | State Applicat | ion Identifier |
| Construction | Construction | 4. DATE RECEIVED B | Y FEDERAL AGENCY | Y Federal Identi | fier |
| Non-Construction | Non-Construction | | | | |
| 5. APPLICANT INFORMATION | | | | | |
| Legal Name: | | | Organizational Ur Department: | nit: | |
| DINUBA PACIFIC ASSOCIATES | S, A CA LIMITED PARTI | NERSHIP | a California Limited | d Partnership | |
| Organizational DUNS: | | Division: | | | |
| Address: Street: | | | Name and telepho | | rson to be contacted on matters |
| 430 East State Street, Suite 100 | A SECTION OF THE PROPERTY OF T | SPECIAL PROPERTY AND ADMINISTRATION OF SPECIAL PROPERTY ADMINISTRATION OF SPECIAL PROPERTY AND ADMINISTRATION OF SPECIAL PROPERTY ADMINISTRATION OF SPECIAL PROPERTY AND ADMINISTRATION OF SPECIAL PROPERTY ADMINISTRATION OF SPECIAL PROPERTY AND ADMINISTRATION OF SPECIAL PROPERTY ADMINISTRATION OF SPECIAL PROPERTY ADMINISTRATION OF SPECIAL PROPERTY ADMINISTRATION OF SPE | Prefix: | First Name: | a code) |
| City: Eagle | REC | | Middle Name E. | Margo | |
| County: Canyon | | 1 4 2007 | Last Name Swedberg | | |
| State: Idaho | Zip Code 83616 | TOWN HOUSE | Suffix: Gar-Mar Associate | s | |
| Country: USA | STATE CLE | ARING HOUSE | Email: garmar@ncbb.net | | |
| 6. EMPLOYER IDENTIFICATIO | N NUMBER (EIN): | ACCOUNT ALL MARKET TO PROVIDE THE PROVIDE | Phone Number (giv | e area code) | Fax Number (give area code) |
| | | | 530/823-9250 | | 530/823-2169 |
| 8. TYPE OF APPLICATION: | The state of the s | | 7. TYPE OF APPL | ICANT: (See back | k of form for Application Types) |
| V New | | n Revision | M - Profit Organiza | tion | |
| If Revision, enter appropriate lette (See back of form for description | | | Other (specify) | | |
| Other (annif) | | | O NAME OF FEDE | DAL ACENOV | |
| Other (specify) (Tax I.D.# applied for but not rec | eived as yet) | | 9. NAME OF FEDERAL AGENCY: United State Department of Agriculture-Rural Development | | |
| 10. CATALOG OF FEDERAL D | OMESTIC ASSISTANC | E NUMBER: | 11. DESCRIPTIVE | TITLE OF APPLI | CANT'S PROJECT: |
| | | 10-415 | | | e rental housing apartment project; |
| TITLE (Name of Program): Rural Rental Housing program S | Section 515 (RRH-515) | | built on approxima | te 4.20 acres locat | , 33/3-bdrm, & 8/4-bdrm units to be led near the northeast corner of |
| 12. AREAS AFFECTED BY PRO | | , States, etc.): | Euclid Avenue and North Way in Dinuba, Tulare County, California. | | |
| Dinuba, Tulare County, California | a, USA | | | | |
| 13. PROPOSED PROJECT | | | 14. CONGRESSIO | NAL DISTRICTS | |
| Start Date: 10-01-2007 | Ending Date: 10-01-2008 | | a. Applicant District #1 | | b. Project District #17 |
| 15. ESTIMATED FUNDING: | 1.001.2000 | ······ | 1 | | REVIEW BY STATE EXECUTIVE |
| a. Federal \$ | | 00 | ORDER 12372 PRO | DCESS? | WAPPLICATION WAS MADE |
| USDA-Rural Development | | 1,000,000 | _ ^\^\\\ | ADEL TO THE STA | TIL EXECUTIVE ONDER 12372 |
| b. Applicant \$ 2% Equity Contribution | | 288,544 | | ESS FOR REVIEV | VON |
| c. State \$ Federal Tax Credit Value | e | 9,498,673 | | June 11, 2007 | |
| d. Local \$ Permenent Loan | | 1,400,000 | b. No. 🖽 PROGI | RAM IS NOT COV | 'ERED BY E. O. 12372 |
| e. Other \$ HOME Funds | | 1,900,000 | | OGRAM HAS NO EVIEW | T BEEN SELECTED BY STATE |
| f. Program Income \$ Deferred Dev. Fee | | 340,000 | 17. IS THE APPLIC | CANT DELINQUE | NT ON ANY FEDERAL DEBT? |
| g. TOTAL \$ | | 14,427,217 | Yes If "Yes" atta | ach an explanation | . 🗹 No |
| 18. TO THE BEST OF MY KNOW | | | | | |
| ATTACHED ASSURANCES IF T a. Authorized Representative | HE ASSISTANCE IS A | VARDED. | | | |
| | First Name | | | dle Name | |
| Last Name | Caleb | | J. Suffi | ix | |
| Roope, Manager for: | | | | | , |
| o. Title Roope, LLC2General Partner | | | | elephone Number /461-0022 x3015 | (give area code) |
| d. Signature of Authorized Repres | sentative | | e. D | ate Signed une 11, 2007 | |

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

| APPLICATION FOR | _ | O DATE OUDINET | | <u></u> | [A P L L | Version 7/03 | |
|--|----------------------|--|--|--|------------------------------|---|--|
| FEDERAL ASSISTANCE | = | 2. DATE SUBMITTED July 15, 2007 | | Applicant Ider | Applicant Identifier | | |
| 1. TYPE OF SUBMISSION: Application | Pre-application | 3. DATE RECEIVED BY STATE | | | State Applicat | State Application Identifier | |
| Construction | Construction | 4. DATE RECEIVED BY FEDERAL AGENCY | | | Federal Identi | Federal Identifier | |
| ✓ Non-Construction | Non-Construction | | | | | | |
| 5. APPLICANT INFORMATION Legal Name: | | · · · · · · · · · · · · · · · · · · · | Orga | anizational Unit | | | |
| Mercy Housing California | | | Depa | artment: Help Housing | | | |
| Organizational DUNS: | | MATTER AND THE STREET STREET, NATIONAL PROPERTY OF THE STREET, STREET, STREET, STREET, STREET, STREET, STREET, | Divis | | | | |
| 88-352-3748 Address: | DEO | | Nam | e and telephon | e number of pe | rson to be contacted on matters | |
| Street: 3120 Freeboard Drive, Suite 20 | | W London | invo | involving this application (give area code) | | | |
| | | L 5 2007 | | | First Name: Greg | | |
| City: West Sacramento | 5011 | | Midd Johr | lle Name ı | | | |
| County: Yolo | STATE CLE | ARING HOUSE | Last Spar | Name ks | | | |
| State: CA | Zip Code 95691 | | Suffi | x: | | | |
| Country: | | | Ema | il: arks@mercyhou | eina ora | | |
| 6. EMPLOYER IDENTIFICATION | N NUMBER (EIN): | | | ne Number (give | | Fax Number (give area code) | |
| 94-3081666 | 7 | | (916 |) 414-4439 | | (916) 414-4490 | |
| 8. TYPE OF APPLICATION: | | | 7. TY | PE OF APPLIC | ANT: (See bac | k of form for Application Types) | |
| Nev | | n 🔲 Revision | 0-1 | Not for profit orga | anization | | |
| If Revision, enter appropriate lett (See back of form for description | | | Other | Other (specify) | | | |
| Other (specify) | | | | 9. NAME OF FEDERAL AGENCY: USDA - Rural Housing Service | | | |
| 10. CATALOG OF FEDERAL I | DOMESTIC ASSISTANC | E NUMBER: | 11. E | ESCRIPTIVE T | ITLE OF APPLI | CANT'S PROJECT: | |
| TITLE (Name of Program): Rural Self-Help Housing Technical Assistance Grant 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): | | | | Mercy Housing California propose to complete 92 houses while producing 92 equivalent units using the mutual self-help housing construction method. | | | |
| Yolo, Sutter, Yuba, Placer, Sacr Solano, El Dorado, Colusa | | | , | | | | |
| 13. PROPOSED PROJECT | | | | | AL DISTRICTS | · · · · · · · · · · · · · · · · · · · | |
| Start Date: 6/1/08 | Ending Date: 5/31/10 | | a. Ap | plicant | | b. Project 3, 5, 2, 4,11,19 | |
| 15. ESTIMATED FUNDING: | | | | S APPLICATION | | REVIEW BY STATE EXECUTIVE | |
| a. Federal \$ | | 2,147,557 · | | THIS PR | EAPPLICATION | I/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372 | |
| b. Applicant \$ | | .00 | | | SS FOR REVIEW | | |
| c. State \$ | - | .00 | | DATE: | | | |
| d. Local \$ | | .00 | b. No | progr | AM IS NOT COV | 'ERED BY E. O. 12372 | |
| e. Other \$ | | .00 | | OR PRO | | T BEEN SELECTED BY STATE | |
| f. Program Income \$ | | .00 | 17. 1 | | | NT ON ANY FEDERAL DEBT? | |
| g. TOTAL \$ | | 2,147,557 · | □Y | es If "Yes" attac | h an explanation | ı. 🛮 🗷 No | |
| 18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF | AUTHORIZED BY THE | GOVERNING BODY | APPLICAT OF THE A | TION/PREAPPL PPLICANT AND | ICATION ARE T THE APPLICA | RUE AND CORRECT. THE NT WILL COMPLY WITH THE | |
| a. Authorized Representative Prefix | First Name | | | Middle | Name | | |
| | Greg | | | John | | | |
| Last Name Sparks | | | | Suffix | | | |
| b. Title Vice President Development | | | | c. Telephone Number (give area code) 916-414-4439 | | | |
| d. Signature of Authorized Repre | sentetive / / re | | and the second s | ∍ e. Dat | e Signed | | |

Previous Edition Usable Authorized for Local Reproduction Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

| Application for Federal Assistance SF-424 Version 02 | | | | | | | |
|---|--|---|--|--|--|--|--|
| * 1. Type of Submission: Preapplication Application | * 2. Type of Application: New Continuation | * If Revision, select appropriate letter(s): * Other (Specify) | | | | | |
| Changed/Corrected Application | Revision | Cutor (openity) | | | | | |
| * 3. Date Received: | 4. Applicant Identifier: | | RECEIVED | | | | |
| Completed by Grants.gov upon submission. | , Applicant technicis | | | | | | |
| 5a. Federal Entity Identifier: | | * 5b. Federal Award Identifier: | JUN 1 5 2007 | | | | |
| | | | STATE CLEARING HOUSE | | | | |
| State Use Only: | | | THE PROPERTY AND THE PR | | | | |
| 6. Date Received by State: | 7. State Application | on Identifier: | | | | | |
| 8. APPLICANT INFORMATION: | A CONTRACTOR OF THE PROPERTY O | | | | | | |
| * a. Legal Name: Desert Alliance | for Community Empowe | rment | | | | | |
| * b. Employer/Taxpayer Identification N | lumber (EIN/TIN): | * c. Organizational DUNS: | | | | | |
| 330857187 | | 108363370 | | | | | |
| d. Address: | | | | | | | |
| * Street1: 53990 Enter | prise Way, Suite One | | | | | | |
| Street2: | | | | | | | |
| * City: Coachella | | | | | | | |
| County: | | | | | | | |
| * State: California | | | | | | | |
| Province: * Country: USA | | | | | | | |
| * Zip / Postal Code: 92236 | | | | | | | |
| e. Organizational Unit: | | | | | | | |
| Department Name: | | Division Name: | | | | | |
| Берапшент маше. | | Division Name. | | | | | |
| f. Name and contact information of | person to be contacted on | matters involving this application: | | | | | |
| Prefix: Miss | * First Nar | | | | | | |
| Middle Name: | | | | | | | |
| * Last Name: Clipper | | | | | | | |
| Suffix: | | | | | | | |
| Title: Chief Administrative Of | Title: Chief Administrative Officer | | | | | | |
| Organizational Affiliation: | Organizational Affiliation: | | | | | | |
| | | | | | | | |
| * Telephone Number: (760) 391-5 | * Telephone Number: (760) 391-5050 Fax Number: (760) 391-5100 | | | | | | |
| * Email: CYNTHIA@DACE-R. | ANCHO.ORG | | | | | | |

| Nonprofit with 501C3 IRS Status (other than institution of higher learning) Type of Applicant 2: Select Applicant Type: "Other (specify): "10. Name of Federal Agency: Housing and Community Facilities Programs 11. Catalog of Federal Domestic Assistance Number: 10. 433. CFDA Title: Rural Housing Preservation Grants "12. Funding Opportunity Number: USDA-RD-HCFP-HPG-2007 "Title: 13. Competition Identification Number: Title: 14. Areas Affected by Project (Cities, Counties, States, etc.): The Cities of Blythe, Palm Desert and Coachella, as well as the unincorporated towns of Mecca, Oasis, North Shore, Thermal, Ripley, Mesa Verde and Desert Center in rural Riverside County, California. "15. Descriptive Title of Applicant's Project: Rehabilitation of owner-occupied homes in the communities of Riverside County, Calif., a federally designated Rural Empowerment Zone. | Application for Federal Assistance SF-424 | Version 02 |
|---|---|-----------------------------------|
| Type of Applicant 2: Select Applicant Type: Type of Applicant 3: Select Applicant Type: 10. Name of Federal Agency: Housing and Community Facilities Programs 11. Catalog of Federal Demestic Assistance Number: 10. 433. CFDA Title: Rural Housing Preservation Grants 12. Funding Opportunity Number: USDA-RD-HCFP-HPG-2007 *Title: 13. Competition Identification Number: ITitle: 14. Areas Affected by Project (Cities, Counties, States, etc.): The Cities of Blythe, Palm Desert and Coachella, as well as the unincorporated towns of Mecca, Oasis, North Shore, Thermal, Ripley, Mesa Verde and Desert Center in rural Riverside County, California. *15. Descriptive Title of Applicant's Project: Rehabilitation of owner-occupied homes in the communities of Riverside County, Calif., a federally designated Rural Empowerment Zone. Attach supporting documents as specified in agency instructions. | 9. Type of Applicant 1: Select Applicant Type: | |
| Type of Applicant 3: Select Applicant Type: **Other (specify): **Other (specify): **Other (specify): **In. Name of Federal Agency: **Housing and Community Facilities Programs 11. Catalog of Federal Domestic Assistance Number: 10.433. **GEPDA Title: **Rural Housing Preservation Grants **12. Funding Opportunity Number: USDA-RD-HCFP-HPG-2007 **Title: 13. Competition Identification Number: Title: 14. Areas Affected by Project (Cities, Counties, States, etc.): The Cities of Blythe, Palm Desert and Coachella, as well as the unincorporated towns of Mecca, Oasis, North Shore, Thermal, Ripley, Mesa Verde and Desert Center in rural Riverside County, California. **15. Descriptive Title of Applicant's Project: Rehabilitation of owner-occupied homes in the communities of Riverside County, Calif., a federally designated Rural Empowerment Zone. Attach supporting documents as specified in agency instructions. | Nonprofit with 501C3 IRS Status (other than institution of higher learning) | |
| * Other (specify): *10. Name of Federal Agency: Housing and Community Facilities Programs 11. Catalog of Federal Domestic Assistance Number: 10. 433. GFDA Title: Rural Housing Preservation Grants *12. Funding Opportunity Number: USDA-RD-HCFP-HPG-2007 * Title: 13. Competition Identification Number: Title: 14. Areas Affected by Project (Cities, Counties, States, etc.): The Cities of Blythe, Palm Desert and Coachella, as well as the unincorporated towns of Mecca, Oasis, North Shore, Thermal, Ripley, Mesa Verde and Desert Center in rural Riverside County, California. * 15. Descriptive Title of Applicant's Project: Rehabilitation of owner-occupied homes in the communities of Riverside County, Calif., a federally designated Rural Empowerment Zone. Attach supporting documents as specified in agency instructions. | Type of Applicant 2: Select Applicant Type: | |
| * Other (specify): *10. Name of Federal Agency: Housing and Community Facilities Programs 11. Catalog of Federal Domestic Assistance Number: 10. 433. GFDA Title: Rural Housing Preservation Grants *12. Funding Opportunity Number: USDA-RD-HCFP-HPG-2007 * Title: 13. Competition Identification Number: Title: 14. Areas Affected by Project (Cities, Counties, States, etc.): The Cities of Blythe, Palm Desert and Coachella, as well as the unincorporated towns of Mecca, Oasis, North Shore, Thermal, Ripley, Mesa Verde and Desert Center in rural Riverside County, California. * 15. Descriptive Title of Applicant's Project: Rehabilitation of owner-occupied homes in the communities of Riverside County, Calif., a federally designated Rural Empowerment Zone. Attach supporting documents as specified in agency instructions. | | |
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| 14. Areas Affected by Project (Cities, Counties, States, etc.): The Cities of Blythe, Palm Desert and Coachella, as well as the unincorporated towns of Mecca, Oasis, North Shore, Thermal, Ripley, Mesa Verde and Desert Center in rural Riverside County, California. *15. Descriptive Title of Applicant's Project: Rehabilitation of owner-occupied homes in the communities of Riverside County, Calif., a federally designated Rural Empowerment Zone. Attach supporting documents as specified in agency instructions. | Title: | |
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| Rehabilitation of owner-occupied homes in the communities of Riverside County, Calif., a federally designated Rural Empowerment Zone. Attach supporting documents as specified in agency instructions. | * 15. Descriptive Title of Applicant's Project: | |
| federally designated Rural Empowerment Zone. Attach supporting documents as specified in agency instructions. | | |
| · · · · · · · · · · · · · · · · · · · | federally designated Rural Empowerment Zone. | , a |
| Add Attachments: Delete Attachments View Attachments | Attach supporting documents as specified in agency instructions. | |
| | Add Attachments Delete Attachments View Attachments | |

| Application for F | ederal Assistance SF | -424 | | Version 02 | | | | | |
|---|---|---------------|----------------------------|------------|--|--|--|--|--|
| 16. Congressional Districts Of: | | | | | | | | | |
| * a. Applicant CA- | 45 | | * b. Program/Project CA-45 | | | | | | |
| Attach an additional lis | Attach an additional list of Program/Project Congressional Districts if needed. | | | | | | | | |
| | Add Attachment Delete Attachment View Attachment | | | | | | | | |
| 17. Proposed Project: | | | | | | | | | |
| * a. Start Date: 07/3 | 0/07 | | * b. End Date: 06/15/08 | 3 | | | | | |
| 18. Estimated Funding (\$): | | | | | | | | | |
| * a. Federal | \$- | 100,000.00 | | | | | | | |
| * b. Applicant | | | | | | | | | |
| * c. State | | | | | | | | | |
| * d. Local | | \$20,000.00 | | | | | | | |
| * e. Other | | \$80,000.00 | | | | | | | |
| * f. Program Income | | | | | | | | | |
| * g. TOTAL | \$ | 200,000.00 | | | | | | | |
| b. Program is subject to E.O. 12372 but has not been selected by the State for review. c. Program is not covered by E.O. 12372. * 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) Yes ✓ No Explanation 21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) ** I AGREE ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency | | | | | | | | | |
| specific instructions. Authorized Represer | tative: | | | | | | | | |
| | | * Eirat Nama: | Loffray | | | | | | |
| Prefix: Mr. Middle Name: | | * First Name: | решеу | | | | | | |
| <u></u> | 2 | | | | | | | | |
| * Last Name: Hays Suffix: | | | | | | | | | |
| * Title: Executive Director | | | | | | | | | |
| * Telephone Number: | | | Fax Number: (760) 391-5100 | | | | | | |
| | ce-rancho.org | | | | | | | | |
| * Signature of Authoriz | | | * Date Signed: | | | | | | |

| Application for Federal Assis | Application for Federal Assistance SF-424 Version 02 | | | | |
|--|--|--|--|--|--|
| * 1. Type of Submission: □ Preapplication ☑ Application □ Changed/Corrected Application | New [| * If Revision, select appropriate lette * Other (Specify) | 9r(s): | | |
| * 3. Date Received: | 4. Applicant Identifier: | | County Section | | |
| Completed by Grants.gov upon submission. | | 1 | IIIN 1 5 2007 | | |
| 5a. Federal Entity Identifier: | | * 5b. Federal Award Identifier: | The state of the s | | |
| | | | STATE CLEARING HOUSE | | |
| State Use Only: | | | The content of the second of t | | |
| 6. Date Received by State: | 7. State Application | n Identifier: | | | |
| 8. APPLICANT INFORMATION: | | | | | |
| * a. Legal Name: Desert Alliance | for Community Empower | ment | | | |
| * b. Employer/Taxpayer Identification N | lumber (EIN/TIN): | * c. Organizational DUNS: | | | |
| 330857187 | | 108363370 |] | | |
| d. Address: | | | | | |
| * Street1: 53990 Enter Street2: * City: Coachella County: * State: California Province: * Country: USA * Zip / Postal Code: 92236 e. Organizational Unit: | prise Way, Suite One | | | | |
| Department Name: | | Division Name: | | | |
| | | | | | |
| f. Name and contact information of person to be contacted on matters involving this application: Prefix: Miss * First Name: Cynthia Middle Name: Clipper * Last Name: Clipper Suffix: Suff | | | | | |
| Title: Chief Administrative Officer | | | | | |
| Organizational Affiliation: | | | | | |
| * Telephone Number: (760) 391-5 | 5050 | Fax Number: (76 | 60) 391-5100 | | |
| * Email: CYNTHIA@DACE-RA | ANCHO.ORG | | | | |

| Application for Federal Assistance SF-424 | Version 02 |
|--|------------|
| 9. Type of Applicant 1: Select Applicant Type: | |
| Nonprofit with 501C3 IRS Status (other than institution of higher learning) | |
| Type of Applicant 2: Select Applicant Type: | |
| | |
| Type of Applicant 3: Select Applicant Type: | |
| * Other (appeids) | |
| * Other (specify): | |
| * 10. Name of Federal Agency: | |
| Housing and Community Facilities Programs | |
| 11. Catalog of Federal Domestic Assistance Number: | |
| 10.433. | |
| CFDA Title: | |
| Rural Housing Preservation Grants | |
| * 12. Funding Opportunity Number: | |
| USDA-RD-HCFP-HPG-2007 | |
| * Title: | |
| | |
| | |
| | |
| 13. Competition Identification Number: | |
| · | |
| Title: | |
| | |
| | |
| | |
| 14. Areas Affected by Project (Cities, Counties, States, etc.): | |
| | |
| The Cities of Blothe Delay Depart and Conshelle as well as the unincorporated towns of Masses | Oggia |
| The Cities of Blythe, Palm Desert and Coachella, as well as the unincorporated towns of Mecca, North Shore, Thermal, Ripley, Mesa Verde and Desert Center in rural Riverside County, Californ | |
| | |
| North Shore, Thermal, Ripley, Mesa Verde and Desert Center in rural Riverside County, Californ | |
| North Shore, Thermal, Ripley, Mesa Verde and Desert Center in rural Riverside County, Californ * 15. Descriptive Title of Applicant's Project: | ia |
| North Shore, Thermal, Ripley, Mesa Verde and Desert Center in rural Riverside County, Californ * 15. Descriptive Title of Applicant's Project: Rehabilitation of two mobile home parks in Riverside County, Calif., a federally of | ia |
| North Shore, Thermal, Ripley, Mesa Verde and Desert Center in rural Riverside County, Californ | ia |

| Application | for Federal As | sistance SF-4 | 24 | | | Version 02 |
|---|--|-------------------|-----------------------|---------|----------------------------|------------|
| 16. Congression | nal Districts Of: | | | | | |
| * a. Applicant | CA-45 | | | | * b. Program/Project CA-45 | |
| Attach an additi | onal list of Program | /Project Congress | ional Districts if ne | eded | 1. | |
| | | Add Att | achment Dele | le Atta | achment View Attachment | |
| 17. Proposed F | Project: | | | | | |
| * a. Start Date: | 07/30/07 | | | | * b. End Date: 06/15/08 | |
| 18. Estimated | 18. Estimated Funding (\$): | | | | | |
| * a. Federal | | \$10 | 0,000.00 | | | |
| * b. Applicant | | | | | | |
| * c. State | | • | | | | |
| * d. Local | | | | | | |
| * e. Other | | \$8 | 5,000.00 | | | |
| * f. Program Inc | come | | | | | |
| * g. TOTAL | | \$18 | 5,000.00 | | | |
| ✓ a. This appli b. Program i c. Program i | * 19. Is Application Subject to Review By State Under Executive Order 12372 Process? a. This application was made available to the State under the Executive Order 12372 Process for review on 6/13/07 b. Program is subject to E.O. 12372 but has not been selected by the State for review. c. Program is not covered by E.O. 12372. * 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) | | | | | |
| ☐ Yes | ✓ No | Explanation | 7 | | , | |
| herein are true comply with a may subject m ** I AGREE | 21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) | | | | | |
| Authorized Re | Authorized Representative: | | | | | |
| Prefix: | Mr. | | * First Name: | Jef | ffrey | |
| Middle Name: | | | | | | |
| * Last Name: | Hays | | | | | |
| Suffix: | | | | | | |
| * Title: Executive Director | | | | | | |
| * Telephone Nui | mber: (760) 391 | -5050 | | | Fax Number: (760) 391-5100 | |
| * Email: jeff | @dace-rancho | .org | | | | |
| * Signature of A | uthorized Represent | ative: | | | * Date Signed: | |

| Application for F | ederal Assis | tance SF-424 | | | | Version 02 |
|--|---|---------------------------|---|----------------------------|--|--|
| * 1. Type of Submissi | on: | * 2. Type of Application: | * If Revi | sion, select appropriate I | letter(s): | |
| Preapplication | | ✓ New | | | | |
| Application | | Continuation | * Other (| (Specify) | THE STANSFORM THE STANSFORM STANSFOR | Accordance of |
| Changed/Correcte | d Application | Revision | | | The second secon | And the second s |
| * 3. Date Received: | | 4. Applicant Identifier: | | | JUN 1 5 2007 | * Party Company Compan |
| Completed by Grants.gov | s.gov upon submission. | | | | | |
| 5a. Federal Entity Ide | a. Federal Entity Identifier: *5b. Federal Award Identifier: STATE CLEARING HOUSE | | | | | |
| | | | | | | |
| State Use Only: | | | | | | |
| 6. Date Received by | State: | 7. State Applicat | ion Identif | ier: | | |
| 8. APPLICANT INFO | RMATION: | | | | | |
| * a. Legal Name: Th | HE EAST LOS AN | NGELES COMMUNITY UNIC | N (TELA | CU) | | |
| * b. Employer/Taxpay | er Identification N | lumber (EIN/TIN): | * c. (| Organizational DUNS: | | |
| 95-2554256 | | | 0107 | 720597 | | |
| d. Address: | | | | | | |
| * Street1: | 5400 East Olym | pic Boulevard, Suite 300 | | | | |
| Street2: | | | | | | |
| * City: | Los Angeles | | | | | |
| County: | Los Angeles | | *************************************** | | | |
| * State: | | | | CA: California | | |
| Province: | | | | | | |
| * Country: | | | USA: U | NITED STATES | | |
| * Zip / Postal Code: | 90022 | | | | | |
| e. Organizational l | Jnit: | | | · | | |
| Department Name: | | | Divi | sion Name: | | |
| | | | | | | |
| f. Name and contact information of person to be contacted on matters involving this application: | | | | | | |
| Prefix: Mr. | | * First N | ame: To | om | | |
| Middle Name: Flore | encio | | | | | |
| * Last Name: Prov | encio | | | | | |
| Suffix: | | | | | | |
| Title: Authorized Agent | | | | | | |
| Organizational Affiliation: | | | | | | |
| | | | | | | |
| * Telephone Number | r: 323.721.1655 | | | Fax Number: | 323.721.3560 | |
| * Email: torovens | io@telacu.com | | | | | |

| Application for Federal Assistance SF-424 | Version 02 |
|---|---------------------------------------|
| 9. Type of Applicant 1: Select Applicant Type: | |
| M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) | |
| Type of Applicant 2: Select Applicant Type: | 49.0 |
| | |
| Type of Applicant 3: Select Applicant Type: | |
| | |
| * Other (specify): | |
| | |
| * 10. Name of Federal Agency: | |
| US Department of Housing and Urban Development | |
| 11. Catalog of Federal Domestic Assistance Number: | |
| 14.157 | |
| CFDA Title: | |
| Supportive Housing for the Elderly | |
| | |
| * 12. Funding Opportunity Number: | |
| FR-5100-N-07 | |
| * Title: | · · · · · · · · · · · · · · · · · · · |
| Section 202 Supportive Housing for the E | |
| | |
| | |
| 13. Competition Identification Number: | |
| S202-07 | |
| Title: | |
| | |
| | |
| | |
| 14. Areas Affected by Project (Cities, Counties, States, etc.): | |
| City of San Bernardino, County of San Bernardino, CA | |
| | |
| | |
| | |
| * 15. Descriptive Title of Applicant's Project: | |
| Supportive Housing for the Elderly | |
| | |
| Attach supporting documents as specified in agency instructions. | |
| Attach supporting documents as specified in agency instructions. Add Attachments Delete Attachments View Attachments | |

| Application | for Federal Assistant | e SF-424 | | | | Version 02 |
|--|--|-------------------------|------------------|-------------------------|-----------------------------------|------------|
| 16. Congression | nal Districts Of: | | | | | |
| * a. Applicant | 34 | | | * b. Program/Project | 43 | |
| Attach an addition | onal list of Program/Project (| Congressional Districts | if needed. | | | |
| | Of the state of th | Add Attachment | Delete Attachme | view Attachment | | |
| 17. Proposed P | roject: | | | : | | |
| * a. Start Date: | 09/30/2007 | , | | * b. End Date: | 09/30/2008 | |
| 18. Estimated F | unding (\$): | | | | | |
| * a. Federal | | 10,735,731.00 | | | | |
| * b. Applicant | | | | | | |
| * c. State | | | | | | |
| * d. Local | | 1,200,000.00 | | | | |
| * e. Other | | | | | | |
| * f. Program Inc | come | | | | | |
| * g. TOTAL | | 11,935,731.00 | | | | |
| b. Program is subject to E.O. 12372 but has not been selected by the State for review. c. Program is not covered by E.O. 12372. * 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) Yes No Explanation 21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) ** I AGREE ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. Authorized Representative: | | | | | | |
| Prefix: | Mr. | * First Na | ame: Tom | | | |
| Middle Name: | Florencio | | | | | |
| * Last Name: | Provencio | | | | | |
| Suffix: | | | | | | |
| * Title: Authorized Agent | | | | | | |
| * Telephone Nu | mber: 323.721.1655 | | | Fax Number: 323.721.35 | 60 | |
| * Email: tpro | vencio@telacu.com | | | | | |
| * Signature of A | uthorized Representative: | Completed by Grants.gov | upon submission. | * Date Signed: Complete | ed by Grants.gov upon submission. | |

| Application | for Federal Assis | stance | SF-424 | | | | Version 0 |
|---|---|-----------|----------------------|---------------|----------------|---------------------|--|
| * 1. Type of Sul | bmission: | * 2. Typ | oe of Application: | * If Revision | on, select app | ropriate letter(s): | |
| Preapplication | on | ✓ New | , | | | | |
| ✓ Application | | Con | tinuation | * Other (Sp | pecify) | | |
| Changed/Co | orrected Application | Rev | ision | | | | |
| * 3. Date Received: 4. Applicant Identifier: | | | | | | | |
| Completed by Gran | nts.gov upon submission. | Piazza | Apartments | | | | |
| 5a. Federal Ent | ity Identifier: | | | * 5b. Fe | ederal Award | Identifier: | |
| 13-308-5381 | | | | | | | |
| State Use Only | y: | | | | | | Benefit Benefit September 1 1 N September 1 September |
| 6. Date Receive | ed by State: | | 7. State Application | n Identifier | : | | RECEIVED |
| 8. APPLICANT | INFORMATION: | | | | | | JUN 1 5 2007 |
| * a. Legal Name | e: Elderly Housing Dev | /elopmen | t & Operations Corpo | oration | | | STATE CLEARING HOUSE |
| * b. Employer/T | axpayer Identification N | lumber (E | EIN/TIN): | * c. Org | ganizational [| DUNS: | The state of the s |
| 65-0665009 | | | | 133085 | 381 | | |
| d. Address: | | | | | | | |
| * Street1: | * Street1: 1580 Sawgrass Corporate Parkway, Suite 210 | | | | | | |
| Street2: | | | | | | | |
| * City: | Fort Lauderdale | | | | | | |
| County: | | | | | | | |
| * State: | | | | | FL: Florida | 3 | |
| Province: | | | | | | | |
| * Country: | | | | USA: UNIT | ED STATES | | |
| * Zip / Postal Ci | ode: 33323 | | | | | | |
| e. Organizatio | nal Unit: | | | | | | |
| Department Na | me: | | | Division | n Name: | | |
| | | | | | | | |
| f. Name and c | ontact information of | person t | o be contacted on | matters i | nvolving thi | s application: | |
| Prefix: | | | * First Nam | ne: Jame | es | | |
| Middle Name: | N. | | | | | | |
| * Last Name: | * Last Name: Broder | | | | | | |
| Suffix: | | | | | | | |
| Title: Authorized Representative | | | | | | | |
| Organizational Affiliation: | | | | | | | |
| General Couns | General Counsel of Applicant | | | | | | |
| * Telephone Nu | mber: 207-774-9000 | | | | Fax Num | nber: 207-775-0 | 612 |
| * Email: jbroder@curtisthaxter.com | | | | | | | |

| Application for Federal Assistance SF-424 | Version 02 |
|---|--|
| 9. Type of Applicant 1: Select Applicant Type: | |
| M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) | |
| Type of Applicant 2: Select Applicant Type: | |
| Type of Applicant 3: Select Applicant Type: | |
| Type of Applicant of Goldet Applicant Type. | |
| * Other (specify): | |
| | |
| * 10. Name of Federal Agency: | |
| US Department of Housing and Urban Development | |
| 11. Catalog of Federal Domestic Assistance Number: | |
| 14.157 | |
| CFDA Title: | NACON TO THE STREET OF THE STR |
| Supportive Housing for the Elderly | |
| * 12. Funding Opportunity Number: | |
| FR-5100-N-07 | |
| * Title: | |
| Section 202 Supportive Housing for the E | |
| | |
| | |
| 13. Competition Identification Number: | |
| S202-07 | |
| Title: | |
| | |
| | |
| | |
| 14. Areas Affected by Project (Cities, Counties, States, etc.): | |
| Fontana, San Bernadino County, California | |
| | |
| | |
| * 15. Descriptive Title of Applicant's Project: | |
| Piazza Apartments | |
| | |
| | |
| Attach supporting documents as specified in agency instructions. | |
| Add Attachments Delete Attachments View Attachments | |

| Application | for Federal Assista | nce SF-424 | | Version 02 |
|---|-----------------------------|---------------------------------|-------------------------------------|----------------------------------|
| 16. Congressio | onal Districts Of: | | | |
| * a. Applicant | FL-020 | | * b. Program/Project | CA-043 |
| Attach an additi | onal list of Program/Projec | t Congressional Districts if ne | eeded. | |
| | | Add Attachment Delet | te Attachment View Attachment | |
| 17. Proposed F | Project: | | | |
| * a. Start Date: | 01/01/2009 | | * b. End Date: | 02/01/2050 |
| 18. Estimated F | Funding (\$): | | | |
| * a. Federal | | 7,966,683.00 | | |
| * b. Applicant | | 25,000.00 | | |
| * c. State | | 0.00 | | |
| * d. Local | | 0.00 | | |
| * e. Other | | 1,752,941.00 | | |
| * f. Program Inc | come | 0.00 | | |
| * g. TOTAL | | 9,744,624.00 | | |
| * 19. Is Application Subject to Review By State Under Executive Order 12372 Process? va. This application was made available to the State under the Executive Order 12372 Process for review on 06/12/2007 b. Program is subject to E.O. 12372 but has not been selected by the State for review. c. Program is not covered by E.O. 12372. * 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) Yes No Explanation 21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) **I AGREE* ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. Authorized Representative: | | | | |
| Prefix: | | * First Name: | James | |
| Middle Name: | N. | | | |
| * Last Name: | Broder | | | |
| Suffix: | | | | |
| * Title: Authorized Representative | | | | |
| * Telephone Nui | mber: 207-774-9000 | | Fax Number: 207-775-061 | 2 |
| * Email: jbrod | der@curtisthaxter.com | | | |
| * Signature of A | uthorized Representative: | Completed by Grants.gov upon su | ubmission. * Date Signed: Completed | d by Grants.gov upon submission. |

OMB Number: 4040-0004 Expiration Date: 07/31/2006 Version 02 Application for Federal Assistance SF-424 16. Congressional Districts Of: * b. Program/Project. a. Applicant CA-013 Attach an additional list of Program/Project Congressional Districts if needed. Add Ajlachment 17. Proposed Project: * b. End Date: 04-30-08 * a. Slart Dalo: 07-15-07 18. Estimated Funding (\$): \$200,000.00 a, Federal RECEIVED \$40,000.00 b. Applicant JUN 1 5 2007 * c. State d. Local \$636,770.00 STATE CLEARING HOUSE e. Other f. Program Income \$876,770.00 g, TOTAL * 19. is Application Subject to Review By State Under Executive Order 12372 Process? ☑ a. This application was made available to the State under the Executive Order 12372 Process for review on 06-15-07 b. Program is subject to E.O. 12372 but has not been selected by the State for review. c. Program is not covered by E.O. 12372. * 20. is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) Yes Yes 21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or cialma may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) ✓ "IAGREE ** The list of certifications and essurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. Authorized Representative: * First Name: Fred Prefix: Middle Name: * Last Name: Diaz Suffix: Executive Director Fax Number: 510-284-4001 Telephone Number: |510-284-4000 fdlaz@cl.fremont.ca.us • Emall: 06-14-07 " Date Signed: * Signature of Authorized Representative:

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Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

| | · | | | Expiration Date: 07/31/2006 | |
|---------------------------------|---------------------------------------|---------------------------|--------------------------|-----------------------------|--|
| pplication for Feder | al Assistance SF-424 | | · | Version 02 | |
| 1. Type of Submission: | *2. Type of Applicat | lion: "If Revision, selec | t appropriate letter(s): | | |
| Preapplication | ✓ New | | • | | |
| Application | Continuation | • Other (Spacify) | | | |
| Changed/Corrected App | cation Revision | | | | |
| 3. Dale Received: | 4. Applicant Identifie | or: | | | |
| ompinied by Grants, gov upon su | bmission. R9 Tracking # 07- | 295 | | | |
| ia. Federal Entity Identifier | | * 6b. Federal | Award Identifier: | VI | |
| 7-295 | | | | | |
| State Use Only: | | | | | |
|), Date Received by State: | 7. State A | pplication identifier: | | | |
| APPLICANT INFORMA | rion: | | | | |
| | Fremont Redevelopment Agen | icy | | | |
| | ntification Number (EIN/TIN): | ° c. Organiza | tional DUNS: | | |
| 94-6027361 | | 76549104 | | | |
| d. Address: | | | | | |
| | O Capitol Avenue (P.O. Box | (5006) | | | |
| Street2: | - Copico | | | P | |
| | nont | | | | |
| · | neda | | | | |
| • | fornia | | | | |
| Province: | // | | | | |
| * Country: US | <u> </u> | <u> </u> | | (A) | |
| - Zip / Postal Code: 945 | | | | | |
| e. Organizational Unit: | | | | | |
| Department Name: | | Division Na | Division Name: | | |
| Community Develop | ment Department | Office of I | lousing and Redevelopme | nt | |
| | ormation of person to be cont | acted on matters involv | ing this application: | | |
| Prefix: | | First Name: Dan | | , u | |
| Middle Name: | | | | | |
| * Last Name: Schoenh | 0 2 | | | | |
| Suffix: | | | | | |
| Title: Special Project | ts Manager | | '. | | |
| Organizational Affiliation: | · · · · · · · · · · · · · · · · · · · | | | | |
| Community Developm | | | | | |
| *Telephone Number: | | | Fax Number: 510-494-440 |)2 | |
| | 16 104 446 | | | | |

OMB Number: 4040-0004 Expiration Date: 07/31/2006 Version 02 Application for Federal Assistance SF-424 9. Type of Applicant 1: Select Applicant Type: Type of Applicant 2: Select Applicant Type: Type of Applicant 3: Select Applicant Type: " Other (specify): * 10. Name of Federal Agency: Environmental Protection Agency 11. Catalog of Federal Domestic Assistance Number: 66,818 CFDA Title: Brownfields Cleanup * 12. Funding Opportunity Number: EPA-OSWER-OBCR-07-01 * Title: 13. Competition Identification Number: EPA-560-F-08-246 14. Areas Affacted by Project (Cities, Counties, States, etc.): City of Fremont * 15. Descriptive Title of Applicant's Project: Remediation of contaminated soil at 37592 Niles Blvd., Fremont. Attach supporting documents as specified in agency instructions. Add Attachmenta Delete Attachments View Attachmenta

Facsimile Transmittal

PHORESON STREET

U. S. Department of Housing and Urban Development

Office of Department Grants
Management and Oversight

OMB Approval No. 2525-0118 exp. Date (04/30/2005)

1179174621 - 5181

| * Name of Docume | cument Transmitting: SF-424 | | | | | |
|--|--|---------------------------------------|------------------------|--|---|--|
| | | | | | , | |
| 1. Applicant Info | ormation: | | | | | |
| * Legal Name: | BRIDGE Housing Co | rporation | | The second secon | | |
| * Address: | L | | | | | |
| * Street1: 34 | 5 Spear Street | | | | | |
| Street2: Su | ulte 700 | | | · | | |
| * City: Sa | ın Francisco | | | | | |
| County: Sa | an Francisco | | | • | | |
| * State: C/ | A: Califórnia | , | | | | |
| * Zip Code: 94 | 105-1673 | | Country: | USA: UNITED STATES | | |
| 2. Catalog of Fe | deral Domestic Assis | stance Number: | | + <u>-</u> | | |
| | DUNS: 132753625 | CFDA No.: | 14.157 | | | |
| _ | ive Housing for the Elde | | | | ٦ | |
| | | | | | | |
| Program Compo | nent: | | | | | |
| · | The second secon | | | |] | |
| 3. Facsimile Cor | ntact information: | | | | | |
| Department: | | | · i | | | |
| Division: | | | | | | |
| 4. Name and te | lephone number of p | erson to be contacted on matters invo | lving this faceIml | lle. | | |
| Prefix: | Mr. | * First Name: Ben | | | 1 | |
| Middle Name: | [401. | That Name. Bell | | | J | |
| * Last Name: | | | | | | |
| Suffix: | | | | | | |
| | * Phone Number: 415-989-1111 | | | | | |
| Fax Number: | | | | | | |
| * 5, Email: bmetcalf@bridgehousing.com | | | | | | |
| * 6. What is you | Transmittal? (Checi | c one box per fax) | | | | |
| | a. Certification , Document c. Match/Leverage Letter d. Other | | | | | |

RECEIVED

JUN 1 5 2007

STATE CLEARING HOUSE

Form HUD-96011 (10/12/2004)

* 7. How many pages (including cover) are being faxed? 5

| Application for I | Federal Assis | tance SF-424 | Version 02 | | | |
|-----------------------------|--|---------------------------|--|--|--|--|
| * 1. Type of Submissi | on: | * 2. Type of Application: | If Revision, select appropriate letter(s): | | | |
| Preapplication | | ✓ New | | | | |
| Application | | Continuation | * Other (Specify) | | | |
| Changed/Corrected | d Application | Revision [| | | | |
| *3. Date Received: | | 4. Applicant Identifier: | | | | |
| Completed by Grants.gov : | Completed by Grants.gov upon submission. | | | | | |
| 5a. Federal Entity Ide | ntifier: | | * 5b. Federal Award Identifier: | | | |
| | | • | | | | |
| State Use Only: | | | · · · · · · · · · · · · · · · · · · · | | | |
| 6. Date Received by | State: | 7. State Application | n Identifier: | | | |
| 8. APPLICANT INFO | RMATION: | | | | | |
| * a. Legal Name: BF | RIDGE Housing Co | orporation | | | | |
| * b. Employer/Taxpay | er Identification N | lumber (EIN/TIN): | • c. Organizational DUNS: | | | |
| 94-2827909 | | | 132753625 | | | |
| d. Address; | | | | | | |
| * Street1: 345 Spear Street | | | | | | |
| Street2: | Suite 700 | | | | | |
| * City: | San Francisco | | | | | |
| County: | San Francisco | | | | | |
| ♥ State: | · · · · · · · · · · · · · · · · · · · | | CA: California | | | |
| Province: | · . | | | | | |
| * Country: | <u>.</u> | l | JSA: UNITED STATES | | | |
| * Zip / Postal Code: | 94105-1673 | | | | | |
| e. Organizational U | nit: | | | | | |
| Department Name: | | | Division Name: | | | |
| | N | | | | | |
| f. Name and contact | f. Name and contact Information of person to be contacted on matters involving this application: | | | | | |
| Preflx: Mr. | | * First Nam | ie: Bén | | | |
| Middle Name: | | | | | | |
| * Last Name: Metcalf | | | | | | |
| Suffix: | | | | | | |
| Title: Project Manager | | | | | | |
| Organizational Affiliation: | | | | | | |
| BRIDGE Housing Corporation | | | | | | |
| * Telephone Number: | 415-989-1111 | | Fax Number: 415-495-4898 | | | |
| * Email: bmetcalf@ | bridgehousing.co | m | | | | |
| | | | | | | |

| Application for Federal Assistance SF-424 | Version 02 |
|---|------------|
| 9. Type of Applicant 1: Select Applicant Type: | |
| M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) | |
| Type of Applicant 2: Select Applicant Type: | |
| | |
| Type of Applicant 3: Select Applicant Type: | |
| | |
| * Other (specify): | |
| | |
| * 10. Name of Federal Agency: | |
| US Department of Housing and Urban Development | |
| 11. Catalog of Federal Domestic Assistance Number: | |
| 14,157 | |
| CFDA Title: | |
| Supportive Housing for the Elderly | |
| | |
| * 12. Funding Opportunity Number: | |
| FR-5100-N-07 | • |
| * Title: | |
| Section 202 Supportive Housing for the E | |
| | |
| · | |
| 13. Competition Identification Number: | |
| S202-07 | |
| | |
| Title: | |
| | |
| | |
| | |
| 14. Areas Affected by Project (Cities, Counties, States, etc.): | |
| City of Palo Alto, Santa Clara County, California | |
| | |
| | |
| | |
| * 15. Descriptive Title of Applicant's Project: | |
| Fabian Way Senior | |
| | |
| | |
| Attach supporting documents as specified in agency Instructions. | |
| Transment Demoralasions: Wex Alastonine | |
| | |

| Application for F | ederal Assistance SF-424 Versi | on 02 |
|---|---|--------------|
| 16. Congressional D | tricts Of: | |
| * a. Applicant 08 | * b. Program/Project 14 | |
| Attach an additional li | of Program/Project Congressional Districts if needed. | |
| | Delete Attachment View Attachment | |
| 17. Proposed Project | | |
| * a. Start Date: 01/0 | * b. End Date: 07/01/2010 | |
| 18. Estimated Fundi | ı (\$): | |
| * a. Federal | 7,147,743.00 | |
| * b. Applicant | 10,000.00 | |
| * c. State | 0.00 | |
| * d. Local | 2,383,929.00 | |
| * e. Other | 14,046,632.00 | |
| * f. Program Income | 0.00 | |
| g. TOTAL | 23,588,304.00 | |
| ☐ Yes | | |
| herein are true, con comply with any res | pplication, I certify (1) to the statements contained in the list of certifications** and (2) that the statements plete and accurate to the best of my knowledge. I also provide the required assurances** and agree to plating terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims iminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) | |
| ☑ "I AGREE | | |
| The list of certificat specific instructions. | ns and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency | |
| Authorized Represe | tative: | · |
| Prefix: Ms. | * First Name: Lydia | |
| Middle Name: | | |
| Last Name: Tan | | |
| Suffix: | | |
| * Title: Executive V | e President | |
| * Telephone Number: | 415-989-1111 Fax Number: 415-495-4898 | |
| Email: Itan@brid | phousing.com | 1 |
| * Signature of Authori: | d Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission. | · |
| · | | |

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005) Prescribed by OMB Circular A-102

| 16. Congressional Districts Of: *a. Applicant 08 | Application for | Federal Assistance SF-424 | ersion 02 | | | | |
|---|--|---|-----------|--|--|--|--|
| Aftach an additional list of Program/Project Congressional Districts # needed. T. Proposed Project: | 16. Congressional | elstricts Of: | | | | | |
| T.P. Proposed Project: | * a. Applicant 08 | * b. Program/Project 14 | | | | | |
| 17. Proposed Project: * s. Start Date: 07/01/2009 * b. End Date: 07/01/2010 18. Estimated Funding (3): * s. Federal 7,147,743,00 * b. Applicant 10,000,000 * c. State 0,00 * d. Local 2,339,929,00 * c. Other 14,946,932,00 * f. Program Income 0,00 * g. TOTAL 23,569,304,00 * 19. Is Application Subject to Review By State Under Executive Order 12372 Process? a. This application was made sveilable to the State under the Executive Order 12372 Process for review on b. Program is autiplet to E. O. 12372 but has not been selected by the State for review. Ø c. Program is not covered by E. O. 12372. * 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) Ø yes No Explanation 19. Is Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) * 19. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) Ø '' I AGREE * The let of certifications and assurances, or an internat site where you may obtain this fist, is contained in the announcement or agency specific instructions. Authorized Representative: * Prefix: Ms. * First Name: Lydis Middle Name: * Last Name: Tan * Suffix: Itan@Bridgehoueling.com * Email: Itan@Bridgehoueling.com | Attach an additional | ist of Program/Project Congressional Districts if needed. | | | | | |
| *s. Start Date: 07/01/2009 *b. End Date: 07/01/2010 16. Estimated Funding (5): *s. Federal | Delete Attachment View Attachment | | | | | | |
| 19. Estimated Funding (\$): *a. Federal 7,147,743.09 *b. Applicant 10,000.00 *c. State 0,000 *d. Local 2,385,929.00 *e. Other 14,040,532.00 *f. Program Income 0,000 *g. TOTAL 25,666,304.00 *19. Is Application Subject to Review By State Under Executive Order 12372 Process? a. This application was made available to the State under the Executive Order 12372 Process for review on . b. Program is subject to E.O. 12372 but has not been selected by the State for review. c. Program is not covered by E.O. 12372. *20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) Yes No Explanation: 12. "By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictious, or fraudulent statements or claims may subject mot for criminal, civil, or administrative penalties. (U.S. Code, Title 216, Section 1001) The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. Authorized Representative: Prefix: Ms. *First Name: Lydis Middle Neme: Last Name: Ms. *First Name: Lydis Middle Neme: Lexecutive Vice President *Telephone Number: 415-495-4998 *Email: [lan@bridgehoueling.com] | 17. Proposed Proj | ct: | | | | | |
| * a. Federal 7,147,743.00 * b. Applicant 10,000.00 * c. State 0.00 * d. Local 2,383,929.00 * f. Program Income 0.00 * g. TOTAL 23,568,304.00 * 19. Is Application Subject to Review By State Under Executive Order 12372 Process? a. This application was made swallable to the State under the Executive Order 12372 Process for review on b. Program is subject to E.O. 12372 but has not been selected by the State for review. c. Program is not covered by E.O. 12372. * 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) Yes | * a. Start Date: 01/01/2009 * b. End Date: 07/01/2010 | | | | | | |
| * b. Applicant | 18. Estimated Funding (\$): | | | | | | |
| *C. State | * a. Federal | 7,147,743.00 | | | | | |
| *d. Local 2,385,929.00 *e. Ofher 14,046,632.00 *f. Program Income 0.0.00 *g. TOTAL 23,689,304.00 * 19. Is Application Subject to Review By State Under Executive Order 12372 Process? a. This application was made available to the State under the Executive Order 12372 Process for review on b. Program is subject to E.O. 12372 but has not been selected by the State for review, c. Program is not covered by E.O. 12372. * 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) Yes No Explanation 21. "By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) Y * I AGREE** * The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions. Authorized Representative: Prefix: Ms. * First Name: Lydia Middle Name: | * b. Applicant | 10,000.00 | | | | | |
| *e. Other | * c. State | 0.00 | | | | | |
| *f. Program Income | * d. Local | 2,383,929.00 | | | | | |
| **19. Is Application Subject to Review By State Under Executive Order 12372 Process? a. This application was made available to the State under the Executive Order 12372 Process for review on b. Program is subject to E.O. 12372 but has not been selected by the State for review. c. Program is not covered by E.O. 12372. * 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) Yes | * e. Other | 14,046,632.00 | | | | | |
| * 19, Is Application Subject to Review By State Under Executive Order 12372 Process? a. This application was made svaliable to the State under the Executive Order 12372 Process for review on b. Program is subject to E.O. 12372 but has not been selected by the State for review. c. Program is not sovered by E.O. 12372. * 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) Yes No | * f. Program Income | 0.00 | | | | | |
| a. This application was made available to the State under the Executive Order 12372 Process for review on b. Program is subject to E.O. 12372 but has not been selected by the State for review. c. Program is not covered by E.O. 12372. * 20. Is the Applicant Delinquent On Any Federal Debt7 (If "Yes", provide explanation.) Yes | *g.TOTAL | 23,580,304.00 | | | | | |
| Prefix: Ms. *First Name: Lydia Middle Name: * Last Name: Tan Suffix: * Title: Executive Vice President * Telephone Number: 415-989-1111 Fax Number: 415-495-4898 * Email: Itan@bridgehousing.com | b. Program is subject to E.O. 12372 but has not been selected by the State for review. c. Program is not covered by E.O. 12372. * 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) Yes No Explanation 21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) **I AGREE* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency | | | | | | |
| Middle Name: * Last Name: Tan Suffix: * Title: Executive Vice President * Telephone Number: 415-989-1111 Fax Number: 415-495-4898 * Email: Itan@bridgehousing.com | | entative: | | | | | |
| * Last Name: Tan Suffix: * Title: Executive Vice President * Telephone Number: 415-989-1111 Fax Number: 415-495-4898 * Email: Itan@bridgehousing.com | <u></u> | * First Name: Lydia | | | | | |
| Suffix: * Title: Executive Vice President * Telephone Number: 415-989-1111 Fax Number: 415-495-4898 * Email: Itan@bridgehousing.com | | | | | | | |
| * Telephone Number: 415-989-1111 Fax Number: 415-495-4898 * Email: Itan@bridgehousing.com | <u></u> | | | | | | |
| * Email: Itan@bridgehousing.com | * Title: Executive | rice President | | | | | |
| | * Telephone Number: 415-989-1111 Fax Number: 415-495-4898 | | | | | | |
| * Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission. | * Email: Itan@bridgehousing.com | | | | | | |
| | * Signature of Author | zed Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission. | | | | | |

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

| plication for Federal Assistance SF-424 | Version 02 |
|--|------------|
| pplicant Federal Debt Delinquency Explanation | |
| e following field should contain an explanation if the Applicant organization is definquent on any Federal Debt. Maximum numbe practers that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space. | rof |
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| APPLICATION FOR FEDERAL ASSISTANCE | | 2, DATE SUI ED | Applicant Identifier | |
|--|--|--|--|--|
| FEDERAL ASSISTANCE | | 6-13-01 | R9 Tracking Number: 07-034 | |
| 1. TYPE OF SUBMISSION Application | Prespplication | 3. DATE RECEIVED BY STATE | State Application Identifier | |
| ☐ Construction √ Non-Construction | ☐ Coastruction ☐ Non-Construction | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier | |
| 5. APPLICANT INFORMATION | | | | |
| Legal Name: SOUTH COAST AIR QUALITY MAN | NAGEMENT DISTRICT | Organizational Unit: | | |
| Address (give city, county, state, and zip code): 21865 COPLEY DRIVE | | Name and telephone number of the person to be contacted on matters involving this application (give area code) Mary Leonard (909) 396-2780 mleonard@aqmd.gov | | |
| DIAMOND BAR, CA 91765 | DUNS #025986159 | | | |
| 6. EMPLOYER IDENTIFICATION (EIN): 953099419 | | 7. TYPE OF APPLICANT: (enter appropriate letter here) N A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify):Special District | | |
| 8. TYPE OF APPLICATION: | | 9. NAME OF FEDERAL AGENCY: | | |
| State Continuation State Revision State Revision State Revision State Revision State Revision State Revision State Sta | | U.S. Environmental Protection Agency Gary Lance | | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66.034 TITLE: Surveys, Studies, Investigations, S | | | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: \$ 103 Research Grant: PM _{2.5} | |
| 12. AREAS AFFECTED BY PROJECT (cities, countie | | | | |
| Orange, and the non-desert areas of Lo Angeles, Riverside, and Bernardino Co | os | | | |
| 13, PROPOSED PROJECT: | 14. CONGRESSIONAL | | | |
| Start Date End Date | a. Applicant: 42 | b. Project: 25-48 | | |
| 10/01/2003 3/31/2008 | | | | |
| 15. Estimated Funding: | RECEIVED JUN 1 5 2007 STATE CLEARING HOUSE | 16. IS APPLICATION SUBJECT TO REVORDER 12372 PROCESS? a. YES THIS PREAPPLICATION/APP AVAILABLE TO THE STATE EXECUTED FOR REVIEW ON: DATE 6-15-0-1 b. NO. PROGRAM IS NOT COVERED E OR PROGRAM HAS NOT BEEN | LICATION WAS MADE CUTIVE ORDER 12372 PROCESSES BY E.O. 12372 | |
| · l | The second of the second secon | revœw | | |
| a. Pederal | s 950,316 | | | |
| a. Pederal | | | | |
| a. Pederal b. Applicant | \$ 950,316 \$ | | | |
| a. Pederal | S | | | |
| a. Pederal b. Applicant c. State | \$ 5 | | | |
| a. Pederal b. Applicant c. State d. Local | \$\$ | 17. IS THE APPLICANT DELINQUENT ON AN | . | |
| a. Federal b. Applicant c. State d. Local e. Other f. Program Income | \$ \$ \$ \$ \$ \$ \$ \$ \$ | 17. IS THE APPLICANT DELINQUENT ON AN U Yes If "Yes" attach an explanation. | Y FEDERAL DEBT? √ No | |
| a. Pederal b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL | S S S S S S S S S S S S S S S S S S S | 17. IS THE APPLICANT DELINQUENT ON AN The Yes If "Yes" attach an explanation. | √ No. | |
| a. Pederal b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL | S S S S S S S S S S S S S S S S S S S | 17. IS THE APPLICANT DELINQUENT ON AN Yes If "Yes" attach an explanation. | √ No | |